

	<u>Location Accessibility and Accommodation</u>
<b>Domain:</b>	<u>Introduction</u>
<b>Effective Date:</b>	2/2/2009
<b>Date(s) of Revision:</b>	5/12/2017; 11/9/2018; 5/10/2019
<b>References:</b>	<u>COA Service Delivery Administration Standards (ASE 3, ASE 3.01, ASE 3.02, ASE 3.03)</u> <u>10A NCAC 70I .0900</u> <u>15A NCAC 18A .1602</u> <u>Americans with Disabilities Act</u>

MHCO is located at 600 College Street, Oxford, North Carolina, 27565. The main phone number is (919) 693-5111 or (888) 505-4357, and the main fax number is (919) 693-2479. The official website is <http://mhc-oxford.org/>.

### **ACCESSIBILITY TO FACILITIES AND SERVICES**

MHCO strives to ensure that the accessibility needs of ~~residents~~service recipients, referral agencies, and the community are met when delivering services. MHCO aims to have facilities meet or exceed legal Americans with Disabilities Act (ADA) standards for accessibility by handicapped persons and for young and elderly persons. The Program Director and Maintenance Supervisor shall ensure that facilities are such that no employee, ~~resident~~service recipient, potential ~~residents~~service recipient, or other stakeholder goes without service or be unable to perform duties because of limitations, barriers, or obstructions in the physical plant; and that reasonable accommodations are made. In cases where individuals cannot access second stories, supervisors in charge of facilities where the service is being offered are expected to accommodate the individuals needing special assistance. This includes delivery of services at an alternate and accessible location. -Planning for new construction or major capital improvements made to existing facilities shall be designed to meet or exceed ADA and other applicable laws for service to handicapped and disabled residents, visitors, and employees. All personnel shall ensure that MHCO's premises and equipment are safe and functional.

As needed, MHCO will adopt its services to accommodate the visual, auditory, linguistic, and motor abilities of persons served.

### **ACCOMMODATIONS TO COMMUNICATION NEEDS**

MHCO accommodates the written and oral communication needs of service recipients by:

- a. communicating, in writing and orally, in the languages of the major population groups served;
- b. providing, or arranging for, bilingual personnel or translators or arranging for the use of communication technology, as needed;
- c. providing telephone amplification, sign language services, or other communication methods for deaf or hard of hearing persons;
- d. providing, or arranging for, communication assistance for persons with special needs who have difficulty making their service needs known; and
- e. considering the person's literacy level.'

### **ASSISTIVE TECHNOLOGY**

Supervisors in charge of facilities where the service is being delivered are expected to accommodate individuals needing assistive technology (e.g. sign language interpretation, audio amplification devices, specialized computers, etc.).

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**Commented [GW4]:** COA standard ASE 3.03

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<b>Policy Name:</b>	Conflict of Interest Policy <u>and Procedures</u>
<b>Domain:</b>	<u>Introduction</u>
<b>Applies to:</b>	Employees, Stakeholders, and Board of Directors
<b>Policy Location:</b>	<u>Y:/Forms/Policies and Procedures/Policies/Conflict of Interest Policy.pdf</u>
<b>Effective Date:</b>	2/2/2009
<b>Date(s) of Revision:</b>	5/9/2017; 2/9/2018; 5/10/2019; 5/8/2020; 8/12/2022
<b>References:</b>	<a href="#">COA Administration and Management Standards (GOV 4.02, GOV 7, GOV 7.01, GOV 7.02, GOV 7.03)</a> <a href="#">National Council of Nonprofits</a> <a href="#">10A NCAC 701.0406</a> <a href="#">Ethical and Professional Standards of Conduct</a> <a href="#">Acknowledgement and Agreement of Conflict of Interest Policy Form</a> <a href="#">Prohibition of Preferential Treatment Policy</a>
<p>It is the policy of MHCO’s Board of Directors that members of the board and personnel shall avoid conflicts of interest and any conduct which may suggest the appearance of impropriety in any transactions. Per the <a href="#">National Council of Nonprofits</a>, a conflict of interest is defined as “a conflict, or the appearance of a conflict, between the private interests and official responsibilities of a person in a position of trust.” No member of the Board of Directors, officer, committee member, <del>ambassador, or</del> personnel, <del>consultant, intern, advisor, community partner, or volunteer</del> of MHCO shall engage in any personal dealings or dealings with a perceived conflict of interest including, but not limited to, the purchase or receipt of any property or entering contracts, except in cases of open and competitive bidding. The Board of Directors or personnel of MHCO are prohibited from employment in any position that has any influence in the supervision, evaluation, promotion, or pay decisions for family members or relatives. No special preference shall be given to Board Members, donors, or personnel in accepting applications for admission to MHCO or service rendered.</p> <p>No Board Member, personnel, relative of either, <del>community partner,</del> or <del>other</del> donor shall receive preferential treatment, consideration, or benefit regarding admissions, recognition, or compensation because of a charitable gift to MHCO. All parties involved in charitable acts must abide strictly by the ethical standards of fundraising and donor bill of rights adopted and followed by MHCO. Donor information or relationships shall not be used inappropriately or in ways that might damage donor confidentiality or relationships with MHCO. <del>MHCO prohibits preferential treatment of BOD members, personnel, community partners, donors, consultants, volunteers, interns, and their families applying for and receiving MHCO services. MHCO prohibits making payment or accepting Referrals for</del> monetary compensation, goods, services, or <del>other considerations for personal gain in exchange for referrals to services. are prohibited.</del> Referrals shall be made in the best interest of all MHCO service recipients, <del>including the</del> residents, the resident’s family members or legal custodians, the current cottage population, and <del>to</del> MHCO. <del>MHCO prohibits actively and exclusively steering or directing referrals to private practices in which BOD members, personnel, consultants, or their immediate families are engaged. Such persons may be included on referral lists along with other private practitioners, but the relationship with MHCO must be clarified in writing.</del></p> <p>Members of the Board of Directors or personnel shall not hold an ownership interest in a business that provides goods or services purchased by MHCO. Members of the Board of Directors or personnel shall not accept favors, gifts, gratuities, or take part in any activities or transactions that relate to, effect, or influence decisions made for, regarding, or on behalf of MHCO. MHCO shall not make low interest or forgiveness of personal loans to covered persons.</p>	

Commented [GW1]: GOV 7.04 b.

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Board Members or personnel who have a potential financial conflict of interest in MHCO's assets, business, transactions, leases, or professional services shall disclose the information and not participate in any discussion or vote taken with respects to such interests.

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If a potential conflict of interest arises for personnel, personnel shall inform the Administrator. If a potential conflict of interest arises for a Board Members or the Administrator, they must immediately disclose a potential conflict of interest the information to the Board of Directors. The Chairman of the Board of Directors shall review, investigate, and resolve the actual, potential, or perceived conflict of interest. The party in potential conflict may be requested to document the nature of the conflict for review. The Chairman of the Board of Directors shall advise the Policy and Personnel Committee of the resolution in writing and include the resolution in the committee minutes.

Board Members or personnel with a conflict of interest shall not vote nor participate in ~~the any~~ discussion, solicitation, negotiation, formation, award, arbitration, modification, or settlement of any contract or grant involving any funds or property of MHCO or any dispute arising under such contract or grant when the individual stands to benefit, either directly or indirectly, from such contract or grant. A Board Member or employee is not deemed to benefit directly or indirectly from a contract or grant involving any funds or property of MHCO if he or she receives only the salary or stipend due to him or her in the normal course of employment. The Administrator shall be excused from deliberations on matters related to executive compensation, evaluation, and other areas that present apparent conflicts of interest. All Board Members and personnel shall be informed of, bound by, and sign a statement acknowledging and agreeing to this policy annually.

**Authorizing Signatures**

Chairman, Board of Directors \_\_\_\_\_ Date \_\_\_\_\_

Administrator \_\_\_\_\_ Date \_\_\_\_\_

<b>Policy Name:</b>	Conflict of Interest Policy and Procedures
<b>Domain:</b>	<a href="#">Introduction</a>
<b>Applies to:</b>	Board of Directors, BOD Committees, Ambassadors, Personnel, Donors, Interns, Volunteers, Community Partners, Consultants
<b>Policy Location:</b>	<a href="#">Y:/Forms/Policies and Procedures/Policies/Conflict of Interest Policy and Procedures.pdf</a>
<b>Effective Date:</b>	2/2/2009
<b>Date(s) of Revision:</b>	5/9/2017; 2/9/2018; 5/10/2019; 5/8/2020; 8/12/2022;
<b>References:</b>	<a href="#">COA Administration and Management Standards (GOV 4.02, GOV 7, GOV 7.01, GOV 7.02, GOV 7.03)</a> <a href="#">National Council of Nonprofits</a> <a href="#">10A NCAC 70I .0406</a> <a href="#">Ethical and Professional Standards of Conduct</a> <a href="#">Acknowledgement and Agreement of Conflict of Interest Policy Form</a> <a href="#">Prohibition of Preferential Treatment Policy</a>
<p>Per the <a href="#">National Council of Nonprofits</a>, a conflict of interest is defined as “a conflict, or the appearance of a conflict, between the private interests and official responsibilities of a person in a position of trust.”</p> <p>This policy pertains to Board of Directors members, BOD committee members, ambassadors, personnel, donors, interns, volunteers, community partners, consultants, advisors, and their immediate family members and relatives, as applicable.</p> <p>It is the policy of MHCO’s Board of Directors that Board of Directors members, BOD committee members, ambassadors, personnel, donors, interns, volunteers, community partners, consultants, advisors avoid any actual or perceived conflict of interest, provide full disclosure of any actual or perceived conflicts of interest, and not participate in any discussion or vote taken with respect to an actual or perceived conflict of interest pertaining to them.</p> <p>MHCO prohibits any conduct that may suggest the appearance of impropriety in any transaction. Actual or perceived conflicts of interest include, but are not limited to:</p> <ul style="list-style-type: none"> <li>• Holding an ownership interest in a business or profession that provides goods or services to MHCO.</li> <li>• Having a financial or other interest in the assets, leases, business transactions, or professional services of MHCO.</li> <li>• Purchasing or receiving any property or entering contracts, except in cases of open and competitive bidding.</li> <li>• Voting or participating in the solicitation, negotiation, formation, award, arbitration, modification, or settlement of any contract or grant involving any funds or property of MHCO or any dispute arising under such contract or grant when the individual stands to benefit, either directly or indirectly, from such contract or grant. If the individuals receive only the salary or stipend due to them in the normal course of employment, they are not deemed to benefit directly or indirectly from a contract or grant involving any funds or property of MHCO.</li> </ul>	

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- Using donor information or relationships inappropriately or in ways that might damage donor confidentiality and/or relationships with MHCO.
- Accepting favors, gifts, gratuities, or taking part in any activities or transactions that relate to, effect, or influence decisions made for, regarding, or on behalf of MHCO.
- Receiving preferential treatment, consideration, or benefit regarding admissions, recognition, or compensation because of a charitable gift to MHCO. All parties involved in charitable acts must abide strictly by the ethical standards of fundraising and donor bill of rights adopted and followed by MHCO.
- Making payment or accepting monetary compensation, goods, services, or other considerations for personal gain in exchange for referrals to services. Referrals shall be made in the best interest of all MHCO service recipients including the residents, the residents' family members or legal custodians, the current cottage population, and MHCO.
- Special preference in accepting applications for admission to MHCO or service rendered.
- Employment in any position that has any influence in the supervision, evaluation, promotion, or pay decisions for family members or relatives.
- Steering or accepting referrals of applicants or persons served to a private practice in which employees, consultants, or the immediate families of employees or consultants are engaged. Such private practitioners may be included on referral lists along with other private practitioners and their relationship with MHCO must be clarified in writing.
- Low interest or forgiveness of personal loans made by MHCO to covered persons.
- Preferential treatment when applying for and receiving MHCO services.
- Nepotism
- The Administrator participating in deliberations on matters related to executive compensation, evaluation, and other areas that present apparent conflicts of interest.

Individuals who have a potential financial or other conflict of interest in MHCO's assets, business, transactions, leases, or professional services must disclose the information and not participate in any discussion or vote taken with respects to such interests.

If a potential conflict of interest arises for personnel, donor, intern, volunteer, community partner, consultant, ambassador, or advisor, they shall inform the Administrator. The Administrator, BOD members, and BOD committee members must immediately disclose a potential conflict of interest to the Board of Directors. The Chairman of the Board of Directors shall review, investigate, and resolve the actual, potential, or perceived conflict of interest. The party in potential conflict may be requested to document the nature of the conflict for review. The Chairman of the Board of Directors shall advise the Policy and Personnel Committee of the resolution in writing and include the resolution in the committee minutes.

All Board Members and personnel shall be informed of, bound by, and sign a statement acknowledging and agreeing to this policy annually.

**Authorizing Signatures**

Chairman, Board of Directors \_\_\_\_\_ Date \_\_\_\_\_

Administrator \_\_\_\_\_ Date \_\_\_\_\_

<b>Procedure Name:</b>	Data Management Procedure
<b>Domain:</b>	<a href="#">Performance and Quality Improvement</a>
<b>Applies to:</b>	Employees
<b>Procedure Location:</b>	<a href="#">Y:/Forms/Policies and Procedures/Procedure/Data Management Procedure.pdf</a>
<b>Effective Date:</b>	2/2/2009
<b>Date(s) of Revision:</b>	3/9/2017; 5/10/2019; 8/12/2022; 11/10/2023
<b>References:</b>	<a href="#">COA Administration and Management Standards (PQI 2, PQI 5, PQI 5.01 PQI 5.02)</a> <a href="#">PQI Plan</a> <a href="#">Strategic Plan</a>

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**REVIEWING AND AGGREGATING DATA**

Data regarding programs, services, incidents, and grievances shall be collected by PQI monthly from stakeholders including Board Members, [all service recipients](#), residents, resident families, administration, employees, [interns](#), volunteers, donors, alumni, and community partners. Individual data shall be aggregated and cleaned to remove identifying information and ensure [data integrity including](#) accuracy, completeness, timeliness, uniqueness, and outliers. [Residential P](#)rogrammatic data collected includes current census and demographics of residents, referrals, deferrals, admissions, discharges, average length of stay, cottage moves, resident workshop participation, educational progress, vocational activities, requisitions, medication administration compliance, [timeliness of assessment and service planning activities and documentation](#), recreation and wellness activities, spiritual development, and resident satisfaction. [Community outreach programmatic data collected includes service recipient needs, number of community members served, linkages to resources, referral sources, counties served, events arranged through the program \(e.g. classes, groups, training sessions\), outreach activities](#). Other departmental data includes financial security and development, human resources census and demographics, personnel training, tenure, employee satisfaction, retention, information technology, maintenance, ~~reeveling~~, and housekeeping.

Surveys of residents and families shall be conducted by PQI regularly during service delivery and at follow-up to include satisfaction with services, interventions, administration support, and basic demographic data. Satisfaction surveys of Board Members, [service recipients, residents, families and guardians](#), employees, and other stakeholders shall be conducted at various times annually by the PQI Coordinator.

PQI shall collect [and analyze](#) measured quantitative and qualitative data to ~~monitor performance~~ [track and monitor identified measures](#), identify [patterns and trends](#), [compare performance over time](#), and mitigate risks in such areas as:

- outreach,
- intake,
- assessment,
- service delivery,
- barriers to service,
- opportunities for services,
- human resource deployment and utilization,
- training, education, and professional development,
- health, welfare, and safety,
- impact of service on residents,
- quality of life for personnel and residents,
- achievement of goals,
- internal and external communication, and
- qualified supervision and leadership.

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PQI shall develop outcome measures and program evaluation activities that include measurable goals and objectives using data collected as evidence for needed improvement. The Program Director and PQI shall develop outcome measures for individual residents or families including, but not limited to, the use of:

- standardized tests and measurements,
- functional status changes and comparisons of individual,
- permanency of life situation,
- life skills assessment,
- academic performance,
- vocational performance,
- human development, and
- mood, affect, coping mechanisms, and self-esteem.

Program evaluation using results from data evidence will form the basis for comparison against other programs or previous service delivery methods and will be incorporated into strategic planning, annual planning, and employee work plans for improvement. The dissemination of feedback and results of PQI activities and recommendations shall be in a form, timeframes and formats that facilitate review, analysis, interpretation, and timely corrective action, and language free from jargon and technical allusion to the point that it is capable of interpretation and readability by the average residential service recipients.

Feedback and results of PQI activities and recommendations shall include aggregated data free from identifying information. The results of data collected, actions recommended for improvement, results of advisory group information, and goal progress toward outcome measures shall be made known to the community and other stakeholders (including board members, personnel, and service recipients) through various methods including:

- Annual Report,
- board newsletter,
- board committee meetings,
- quarterly board meetings,
- strategic planning sessions,
- direct mail,
- website, and
- quarterly and annual PQI reports.

#### MANAGING DATA INTERRUPTIONS

MHCO utilizes an Information Technology vendor, TenPlus Systems, to manage networks and servers with the SJAB Administrative Assistant that serves as the Information Technology Point of Contact. The vendor shall limit disruption to operations and service delivery backing up electronic data regularly with copies maintained off premises and regularly testing informational back up plans and data restoration processes. The Information Technology Point of Contact shall give advanced notice to personnel of any periods of data interruption and maintain alternative methods of communication with personnel and stakeholders during periods of disruption.

#### INFORMATION MANAGEMENT

Compilation of data derived from standardized tests shall be used to compare results of individual progress with aggregated internal results and external organization benchmarks for thorough program evaluation. Aggregate data shall be collected from Kaleidacare Extended Reach, Ansell Casey Life Skills Assessment, survey collection tools, and other management information systems. Other data collected shall be aggregated in information management tools such as Excel or SPSS for accurate data analysis.

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Commented [TB5]: This Policy was assigned to me for review. Policy was reviewed and I can confirm that everything regarding Information Technology and Data Management with regards to Information Technology specifically is up to date and what we do; however, I cannot speak to information management regarding PQI or Program. The only change I had was that I know we no longer utilize Kaleidacare, it's now Extended Reach. I recommend PQI and Program Coordinator review this policy for accuracy.  
-Thanks

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<b>Policy Name:</b>	Employee Grievance Policy
<b>Domain:</b>	<a href="#">Human Resources</a>
<b>Applies to:</b>	Employees
<b>Policy Location:</b>	<a href="#">Y:/Forms/Policies and Procedures/Policies/Employee Grievance Policy.pdf</a>
<b>Effective Date:</b>	2/2/2009
<b>Date(s) of Revision:</b>	11/11/2016; 3/9/2017; 2/9/2018; 8/12/2022; 11/10/2023
<b>References:</b>	<a href="#">COA Administration and Management Standards (GOV 8, HR 3.02, HR 3.03)</a> <a href="#">Employee Grievance Procedure</a> <a href="#">Employee Grievance Flowcharts</a> <a href="#">Grievance Form</a> <a href="#">Grievance Appeal Form</a> <a href="#">Fair and Equitable Treatment Policy</a> <a href="#">Harassment Policy</a> <a href="#">Employee Rights Policy</a> <a href="#">Disciplinary Action Procedure</a> <a href="#">Protection of Suspected Misconduct Reporting Policy</a>
<p>It is the policy of MHCO’s Board of Directors that each employee has the right to file any grievances connected with his or her employment and shall be allowed to exercise this right without fear of retaliation. An employee complaint is defined as “an expression of verbal dissatisfaction that can include, but is not limited to, services, manner of treatment, outcomes, or experiences. For employees, <u>interns</u>, or volunteers, dissatisfaction can include personnel matters such as supervision, evaluations, promotions or demotions, the work environment, and overall treatment (<a href="#">Council on Accreditation</a>, 2008).” An employee grievance is defined as a written complaint submitted and investigated through a formal procedure. Not every complaint necessitates a grievance. MHCO encourages open and honest discussion between personnel and expects that most grievances can be addressed satisfactorily through such discussions. MHCO’s employee grievance policy aims to promote the resolution of appropriate concerns lodged in good faith. If at any time an employee of MHCO believes that he or she has been unfairly evaluated, unjustly accused, or that a practice, philosophy, breach of policy, inappropriate behavior, or action of an individual or individuals is not in the best interest of <u>service recipients, including</u> the residents in care or has a detrimental effect on an individual or his or her work environment, that employee should follow the <a href="#">Employee Grievance Procedure</a>.</p> <p>Supervisors, the Program Clinical Coordinator, the HR Specialist, the Program Director, and the Administrator shall be responsible for responding to grievances in a professional, sensitive, and timely manner, and ensuring that parties involved in a grievance shall be informed of the process and protected from harassment, bullying, discrimination, victimization, or retaliation. Employees shall be responsible for cooperating and participating in attempts to resolve grievances. Employees shall be made aware of the grievance policy and procedure by the HR Specialist during orientation and when there are noteworthy changes to the policy.</p> <p>The <a href="#">Grievance Form</a> can be accessed from the Forms computer drive or in the St. John’s Administration Building. <del>Forms</del>Reports must include a complete and factual description of the behavior or event in question including dates, times, and sequences of events. <del>Forms</del>Reports must also include how the decision, action, policy, or procedure has been detrimental to an individual’s employment or care of residents and the action or remedy being sought. Grievances must be submitted within twenty (20) working days from the event that necessitated the grievance or the employee became aware of the issue.</p>	

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Employee grievances submitted to external regulatory or statutory authorities such as the Department of Social Services, Equal Employment Opportunity Commission, Human Rights and Equal Opportunity Commission, Industrial Relations Commission, or a law enforcement agency may not be deemed appropriate to be resolved through the MHCO employee grievance procedure. All parties named in a grievance are entitled to be informed of all allegations made against them and have the right to respond to those allegations.

All parties involved in a grievance must maintain confidentiality about the grievance unless supervisors, the Program Director, the Administrator, or the Board of Directors are discussing the matter for resolution with appropriate personnel or for legal advice or counsel. Employees who do not feel comfortable discussing a grievance without an advocate unaffiliated with MHCO shall be encouraged by supervisors to discuss the matter with legal counsel or another advocate. This advocate may accompany the employee or may be an unaccompanied voice for the employee when discussing the grievance. Nothing shall discourage an employee from discussing a grievance or knowledge pertinent to a grievance with a supervisor, nor shall an employee be discriminated against for exercising this right.

Employees ~~that~~who submit a grievance can express intent to withdraw the grievance at any time in writing to the supervisor ~~that~~who received the grievance. A grievance that is subject to an internal or external investigation can only be withdrawn after conclusion of the investigation. However, the written intent to withdraw the grievance shall be noted and reported to the parties investigating the grievance. All parties involved in the grievance shall be informed of the withdrawal and closure of the grievance by the supervisor.

<b>Procedure Name:</b>	Employee Grievance Procedure
<b>Applies to:</b>	Employees
<b>Procedure Location:</b>	<a href="#">Y:/Forms/Policies and Procedures/Procedures/Employee Grievance Procedure.pdf</a>
<b>Effective Date:</b>	2/2/2009
<b>Date(s) of Revision:</b>	11/11/2016; 3/9/2017; 11/9/2018; 5/10/2019; 5/8/2020; 11/10/2023
<b>References:</b>	<a href="#">COA Administration and Management Standards (GOV 8, HR 3.02, HR3.03)</a> <a href="#">Employee Grievance Policy</a> <a href="#">Employee Grievance Flowcharts</a> <a href="#">Grievance Form</a> <a href="#">Grievance Appeal Form</a> <a href="#">Fair and Equitable Treatment Policy</a> <a href="#">Harassment Policy</a> <a href="#">Employee Rights Policy</a> <a href="#">Disciplinary Action Procedure</a> <a href="#">Protection of Suspected Misconduct Reporting Policy</a> <a href="#">Critical Incidents Procedure</a> <a href="#">Non-Critical Incidents Procedure</a>
<b>EMPLOYEE GRIEVANCES CONCERNING OTHER EMPLOYEES OR EMPLOYMENT CONDITIONS</b>	
<p>Employees who have complaints concerning other employees or issues with employment conditions should discuss the issue verbally or file a written grievance using the appropriate <a href="#">Grievance Form</a> with his or her immediate supervisor. The immediate supervisor shall determine if the grievance is warranted and open an internal or external investigation (i.e. raises reasonable questions about the care of residents or the condition of employment that could possibly be a violation of one or more policies or procedures) or if the grievance is unfounded. If a grievance is warranted based on the content of a verbal complaint, the immediate supervisor shall ensure that the grievance is submitted using the appropriate <a href="#">Grievance Form</a>. If a grievance relates to unlawful activity or behavior, MHCO personnel may be obligated to open an external investigation using the procedure described in the Grievances Involving Unlawful Activity or Behavior section below. If an internal investigation is opened, the immediate supervisor shall have two (2) working days to gather all the facts, interview the parties involved and witnesses, review MHCO policy, discuss the matter with his or her supervisor and appropriate personnel, analyze the situation, and come to a resolution or refer the grievance in writing to the Administrator. The immediate supervisor shall maintain a detailed record of all meetings. Employees with knowledge pertinent to the grievance shall make an appointment to discuss his or her knowledge with the supervisor within two (2) working days. If the immediate supervisor determines that a grievance is unfounded (i.e. lacks evidence or does not raise reasonable questions about the care of residents of the condition of employment), he or she will close the grievance as unfounded. If a resolution has been made or the grievance was determined to be unfounded, the immediate supervisor shall notify the parties involved in writing of the resolution or closure and appeal procedure within two (2) working days.</p> <p>If the grievance was referred to the Administrator, he or she shall determine if the grievance is warranted and open an internal or external investigation (i.e. raises reasonable questions about the care of residents or the condition of employment that could possibly be a violation of one or more policies) or if the grievance is unfounded. If the grievance is warranted, the Administrator shall have ten (10) working days to gather all the facts, interview the parties involved and witnesses, review MHCO policy, discuss the matter with appropriate personnel, analyze the situation, and come to a resolution. The Administrator shall maintain a detailed record of all meetings. If the Administrator determines that a grievance is unfounded (i.e. lacks evidence or does not raise reasonable questions about the care of residents of the</p>	

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condition of employment), he or she will close the grievance as unfounded. When a resolution has been made or the grievance was determined to be unfounded, the Administrator shall notify the parties involved in writing of the resolution or closure within ten (10) working days.

If the employee wishes to appeal the immediate supervisor's decision with the Administrator, he or she may do so using a [Grievance Appeal Form](#) given to the Administrator within ten (10) days of the notification of resolution. If an investigation is warranted or if the employee appeals the supervisor's resolution, the Administrator shall refer the complaint via written grievance using the appropriate [Grievance Appeal Form](#), gathered facts, and documentation to the Administrator and notify the parties involved in writing within two (2) working days. The Administrator shall act promptly to gather all the facts, interview the parties involved and witnesses, review MHCO policy, discuss the matter with appropriate personnel, analyze the situation, and come to a resolution. The Administrator shall maintain a detailed record of all meetings. The Administrator shall notify the parties involved, in writing, of the resolution within ten (10) working days. The decision of the Administrator shall be final for employee grievances concerning other employees or employment conditions.

The immediate supervisor or the Administrator shall supply copies of the documentation to the HR Specialist to be filed in the parties' personnel files and notify the PQI Coordinator who shall log the grievance in the tracking system at each stage (i.e. grievance received, pending results of internal investigation, pending results of external investigation, closed as unfounded, closed as substantiated, pending appeal).

If an employee with access to personnel files is the subject of a grievance and the employee submitting the grievance has requested anonymity, a separate, sealed file shall be maintained by the Administrator containing all documentation. A note shall be included in the personnel file indicating that results of the grievance have been kept by the Administrator.

If an employee with access to PQI files is the subject of a grievance and the employee submitting the grievance has requested anonymity, the Administrator shall review the grievance through PQI and keep a summary of the review in a separate, sealed file. A note shall be included in the PQI tracking system indicating that the results of the review have been kept by the Administrator.

#### **EMPLOYEE GRIEVANCES CONCERNING SUPERVISORS, STAKEHOLDERS, VOLUNTEERS, OR GUESTS**

Employees who have complaints concerning ~~his or her~~<sup>their</sup> immediate supervisor, stakeholder, volunteer, or guest or former employees who have grievances should discuss the issue verbally or file a written grievance using the appropriate [Grievance Form](#) with the Administrator. The Administrator shall determine if the grievance is warranted and open an internal or external investigation (i.e. raises reasonable questions about the care of residents or the condition of employment that could possibly be a violation of one or more policies) or if the grievance is unfounded. If a grievance is warranted based on the content of a verbal complaint, the Administrator shall ensure that the grievance is submitted using the appropriate [Grievance Form](#). If a grievance relates to unlawful activity or behavior, MHCO personnel may be obligated to open an external investigation using the procedure described in the Grievances Involving Unlawful Activity or Behavior section below. If an internal investigation is opened, the Administrator shall have ten (10) working days to gather all the facts, interview the parties involved and witnesses, review MHCO policy, discuss the matter with appropriate personnel, analyze the situation, and come to a resolution. The Administrator shall maintain a detailed record of all meetings. If the Administrator determines that a grievance is unfounded (i.e. lacks evidence or does not raise reasonable questions about the care of residents of the condition of employment), he or she will close the grievance as unfounded. If the Administrator determines that a grievance is substantiated against a guest or related volunteer of an employee, the employee shall be held responsible for the guest's actions. The

Administrator shall notify the parties involved in writing of the resolution or closure of the grievance within ten (10) working days. The decision of the Administrator shall be final for employee grievances concerning supervisors, stakeholders, volunteers, or guests. The Administrator shall supply copies of the documentation to the HR Specialist to be filed in the parties' personnel files and notify the PQI Coordinator who shall log the grievance in the tracking system at each stage (i.e. grievance received, pending results of internal investigation, pending results of external investigation, closed as unfounded, closed as substantiated, pending appeal).

If an employee with access to personnel files is the subject of a grievance and the employee submitting the grievance has requested anonymity, a separate, sealed file shall be maintained by the Administrator containing all documentation. A note shall be included in the personnel file indicating that results of the grievance have been kept by the Administrator.

If an employee with access to PQI files is the subject of a grievance and the employee submitting the grievance has requested anonymity, the Administrator shall review the grievance through PQI and keep a summary of the review in a separate, sealed file. A note shall be included in the PQI tracking system indicating that the results of the review have been kept by the Administrator.

#### **EMPLOYEE GRIEVANCES CONCERNING THE ADMINISTRATOR**

Employees or former employees who have complaints concerning the Administrator should file a written grievance using the appropriate [Grievance Form](#) with Policy and Personnel Committee of the Board of Directors. The Committee representatives shall determine if the grievance is warranted and open an internal or external investigation (i.e. raises reasonable questions about the care of residents or the condition of employment that could possibly be a violation of one or more policies) or if the grievance is unfounded. If a grievance relates to unlawful activity or behavior, Committee representatives may be obligated to open an external investigation using the procedure described in the Grievances Involving Unlawful Activity or Behavior section below. If an internal investigation is opened, Committee representatives shall act promptly to gather all the facts, interview the parties involved and witnesses, review MHCO policy, discuss the matter with appropriate personnel, analyze the situation, and come to a resolution. The Committee representatives shall maintain a detailed record of all meetings. If the Committee representatives determine that a grievance is unfounded (i.e. lacks evidence or does not raise reasonable questions about the care of residents of the condition of employment), they will close the grievance as unfounded. The Committee representatives shall notify the parties involved in writing of the resolution or closure after the next board meeting. The decision of the Board of Directors shall be final for employees or former employee grievances concerning the Administrator. The Committee representatives shall supply copies of the documentation to the HR Specialist to be filed in the parties' personnel files and notify the PQI Coordinator who shall log the grievance in the tracking system at each stage (i.e. grievance received, pending results of internal investigation, pending results of external investigation, closed as unfounded, closed as substantiated, pending appeal).

#### **GRIEVANCES INVOLVING UNLAWFUL ACTIVITY OR BEHAVIOR**

If a grievance relates to unlawful activity or behavior, MHCO personnel may be obligated to call an appropriate external regulatory or statutory authority such as the [Department of Social Services](#), [Equal Employment Opportunity Commission](#), or law enforcement agency for investigation per the [Critical Incidents Procedure](#) or [Non-Critical Incidents Procedure](#). In all matters involving abuse or neglect of a resident, employees of MHCO are required by law to report the concerns to the [Department of Social Services](#) where the individual resides or is found. For reported abuse or neglect complaints that allegedly occur on the MHCO campus, the complaint or grievance shall be referred to the [Granville County Department of Social Services](#) by the Administrator. The Administrator shall determine if the employee will be placed on a suspension of duty with or without pay during an external investigation for unlawful activity or behavior. The Administrator shall notify the parties involved that a referral has been made to an agency,

determine a resolution based on the findings and determinations of the agency, and notify the parties involved ~~in writing~~ of the resolution in writing. The Administrator shall monitor the implementation of the resolution. The Administrator shall supply copies of the documentation to the HR Specialist to be filed in the parties' personnel files and notify the PQI Coordinator who shall log the grievance in the tracking system at each stage (i.e. grievance received, pending results of internal investigation, pending results of external investigation, closed as unfounded, closed as substantiated, pending appeal).

If an employee with access to personnel files is the subject of a grievance and the employee submitting the grievance has requested anonymity, a separate, sealed file shall be maintained by the Administrator containing all documentation. A note shall be included in the personnel file indicating that the results of the grievance have been kept by the Administrator.

If an employee with access to PQI files is the subject of a grievance and the employee submitting the grievance has requested anonymity, the Administrator shall review the grievance through PQI and keep a summary of the review in a separate, sealed file. A note shall be included in the PQI tracking system indicating that the results of the review have been kept by the Administrator.

## **GUIDELINES FOR CONDUCTING INTERNAL INVESTIGATIONS**

### **DEFINITION OF EVIDENCE**

Evidence means testimony, writings, material objects, or other things presented to the senses that may prove the existence or nonexistence of a fact. Evidence can be direct, circumstantial, or hearsay. Direct evidence directly proves a fact without an inference or presumption. The direct evidence of one credible witness is sufficient for proof of any fact. Circumstantial evidence means indirect evidence that paints a picture around an event which leads to the logical inference or conclusion that the event occurred. Hearsay evidence is a statement made by someone other than the witness offering information to prove the truth of the matter that was not perceived with his or her own senses. Evidence can come from several sources (e.g. statement of witnesses, facility records, police reports, court documents, abuse reports, photographs, declarations, incident reports, fire inspector reports, building and code enforcement records, previous complaints or grievances, etc.).

### **INTERVIEW GUIDELINES**

An interview is a meeting at which information is obtained from a person, and usually involves two people engaged in a conversation. Interviewing should be non-accusatory in design and nature. If an individual begins to disclose abuse of any kind, stop the interview and contact a supervisor for guidance about reporting procedures.

The interviewer should:

- be objective, nonjudgmental, and open minded
- review all existing information before interviewing the individuals
- determine the purpose of the interview and role of the person to be interviewed (i.e. victim, eye witness, expert, suspect)
- plan and prepare for the interview carefully to include a setting that is free from distraction and private
- determine the functional and developmental level of the person to be interviewed
- review the existing evidence
- interview parties separately
- get information from the individual and not give information
- establish rapport
- use open-ended questions that require a narrative response and will give an overview
- ask the individual what happened and why

- ask the individual about anything that was not asked of them that he or she thinks is relevant
- obtain good contact information for future use
- ask only one question at a time and wait for it to be answered
- wait for the answer to a question before asking follow-up questions
- expect to have to repeat questions
- try to determine what concerns the individual may have which could prevent or hinder disclosure
- take breaks
- monitor body language to avoid visibly reacting to an individual's responses
- document soon after the interview to include the demeanor of the individual, the questions, the individual's response, and interviewer responses

The interviewer should avoid:

- double negatives and hypothetical questions
- interviewing the individual in the presence of anyone who may influence the interview one way or another
- interviewing the individual for a period of time longer than his or her attention span.
- rushing the interview to get finished or ask leading and suggestive questions
- asking "why" questions as they can have a tendency to infer guilt or responsibility
- prompts and reinforcements such as "good job" or "I'm so happy that you told me about this"
- bribing the individual with food, toys, or other improper rewards for a disclosure
- making promises that may not be able to be kept
- allowing the individual to feel that he or she is "in trouble" or "at fault"

#### **DETERMINING IF THE GRIEVANCE IS UNFOUNDED, INCONCLUSIVE, OR SUBSTANTIATED**

Arriving at a finding of unfounded, inconclusive, or substantiated rests on a careful assessment of the quantity, quality, and context of the evidence. As a general matter, confidence in the evidence to arrive at a finding grows as both the quantity and quality of the evidence grows. However, quantity of evidence alone is not a satisfactory basis for decision-making. In any given case, two or three items of evidence may provide sufficient proof of a grievance while, in another case, ten items of evidence may fail to persuade. In evaluating evidence regarding grievances, the evaluator must balance the statements of individuals and consider the evidence without bias. Factors to consider when weighing the statements of individuals include the extent of the individual's capacity to perceive, recollect, or communicate, the extent of the individual's opportunity to perceive the matter, the content and the character of the individual statement, the existence or nonexistence of a bias, interest or other motive, the individual's character for honesty or lack thereof, a statement previously made by the individual that is inconsistent with any part of subsequent statements, a person's failure to explain or willful suppression of evidence, or the individual's admission of untruthfulness. Factors to consider in evaluating the credibility of a victim's statement include physical evidence, psychological reports, cognitive development, consistency, language, behavior, age, details, motives, history, and credibility. After evaluating the parties' statements, look to all the evidence and weigh both the statements and other circumstantial evidence. Look again at the grievance to ensure that the evidence substantiates the complaint.

#### **RESOLUTIONS**

When a grievance is investigated, MHCO employees strive for consistent and fair decision-making procedures that provide for resolutions that treat individuals equally, provide an opportunity to respond to claims, and protect open communication, the provision of adequate resources, and the right to be informed on some aspects of the grievance that respect the confidentiality of the reporter. Once the evidence has been evaluated and weighed, the supervisor conducting the investigation should be prepared to offer an opinion as to whether the grievance is unfounded, inconclusive, or substantiated. A finding

that the grievance is unfounded means that the allegation is false (i.e. evidence was fabricated), could not have happened, or is without a reasonable basis. A finding that the complaint is inconclusive means that although the allegation may have happened or is valid, there is not a preponderance of evidence to prove that the alleged grievance occurred. Inconclusive findings should be discussed with a supervisor before a grievance is closed. The standard of proof for grievances at MHCO is to use the “clear and convincing” evidentiary standard. If the evidence is clear and convincing to a reasonable party, then the grievance is deemed substantiated, and a resolution must be enforced. If reasonable people could disagree as to whether the allegation happened, or if it is likely to have happened but sufficient evidence cannot be provided, then the grievance is inconclusive.

There are several resolution options for substantiated grievances. The supervisor, the Administrator, or the Policy and Personnel Committee of the Board of Directors shall determine which resolution is warranted for a substantiated grievance after investigation based on severity of the offense. If an employee has been determined to be at fault for a substantiated grievance, disciplinary action may be taken, up to and including termination from employment.

**Authorizing Signatures**

Administrator \_\_\_\_\_ Date \_\_\_\_\_

HR Specialist \_\_\_\_\_ Date \_\_\_\_\_



<b>Policy Name:</b>	Ethical and Professional Standards of Conduct
<b>Domain:</b>	<a href="#">Human Resources</a>
<b>Effective Date:</b>	2/2/2009
<b>Date(s) of Revision:</b>	3/9/2017; 11/9/2018; 5/10/2019; 5/8/2020; 8/12/2022; 11/10/2023
<b>References:</b>	<p><a href="#">National Association of Social Workers Code of Ethics</a>  <a href="#">American Psychological Association Code of Ethics</a>  <a href="#">American Counseling Association Code of Ethics</a>  Forester-Miller, H. &amp; Davis, T. (1996). A practitioner's guide to ethical decision making. <i>American Counseling Association</i>.  Kitchener, K. S. (1984). Institution, critical evaluation and ethical principles: The foundation for ethical decisions in counseling psychology. <i>Counseling Psychologist</i>, 12(3), 43-55.  Stadler, H. A. (1986). Making hard choices: Clarifying controversial ethical issues. <i>Counseling &amp; Human Development</i>, 19, 1-10.</p>
<p>MHCO, by virtue of its affiliations with several state and national professional organizations, is committed to the adherence to a professional code of ethics and rules for professional conduct. Professional employees may be bound by the ethical codes of their personal affiliations and licensing or credentialing boards. Conflicts between various codes of ethics should be brought to the attention of the Administrator for resolution or appropriate action.</p> <p>Employees are always expected to conduct themselves in a professional manner and should be aware that they are ambassadors of MHCO both during working and non-working hours., to include, but not be limited to:</p> <ul style="list-style-type: none"> <li>• Consumption of intoxicants or alcoholic beverages shall not be permitted at any time during working hours or for a period of eight (8) hours prior to working. Alcoholic beverages or intoxicants shall not be permitted on campus or in the presence of any resident.</li> <li>• The use of illegal drugs or the abuse of over-the-counter drugs is prohibited.</li> <li>• Cohabitation of unmarried MHCO employees on campus is prohibited.</li> <li>• Family members, visitors, and dependent children of employees are expected to conduct themselves in a responsible manner while on campus or at MHCO events off campus. When family members, visitors, and dependent children of employees attend events, the employee shall be responsible for paying for the guest and ensure that the guest does not accept donor gifts. The Administrator shall terminate visiting privileges for employee family members or visitors who abuse privileges or conduct themselves irresponsibly, to include denial of housing or meal privileges.</li> <li>• <u>Employees, volunteers, interns, community partners, donors, consultants, advisory groups, and Board Members</u> shall receive no preferential consideration regarding application for services or for MHCO purchases of goods or services.</li> <li>• <u>Employees and paid consultants shall not be permitted to make or accept payments or other favorable considerations in exchange for referrals to MHCO or for referring service recipients, including residents, to other agencies.</u></li> <li>• <u>MHCO prohibits actively and exclusively steering or directing referrals to private practices in which BOD members, personnel, consultants, or their immediate families are engaged. Such persons may be included on referral lists along with other private practitioners, but their relationship with MHCO must be clarified in writing.</u> Only with the Administrator's and the Board of Directors' permission shall an employee engage in professional private practice (i.e. social work, medical, mental health, etc.) <u>on the premises or in the facilities of MHCO, and the service recipient shall receive information clarifying the relationship between the private</u></li> </ul>	

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Commented [GW3]: GOV 7.04 c.

~~practitioner and MHCO, or refer, steer, or direct residents to a professional practice in which they or other MHCO employees are engaged.~~

- Employees who receive honorariums for services that require use of their expertise and skills are required to turn these fees and compensations for services over to MHCO. Employees not acting as representatives of MHCO may retain any honorarium fees or compensations. The Administrator shall determine the status of any honorarium fee or compensation in question.
- Employees shall use the IT systems and network appropriately.
- Profanity by personnel, particularly in the presence of or directed to residents, is prohibited.
- Disparaging or adverse comments shall not be made regarding residents or their family. Employees must take precautions to ensure that they do not place themselves in compromising situations or in situations that could be misinterpreted by either residents or other stakeholders.
- Sexual relations between employees and MHCO residents, residents' family members, or other current or previous stakeholders are prohibited and constitute grounds for immediate termination and probable criminal prosecution, except in cases of sexual relations for married couples.
- Fraternalization between employees and MHCO residents, residents' family members, or other current or previous stakeholders is prohibited and constitute grounds for immediate termination and probable criminal prosecution, except in cases of fraternalization for married couples.

Supervisors and administrators shall endeavor to monitor all past employees of MHCO to ensure that no ethical violations occur with stakeholders of MHCO. Violations may be reported to the professional's governing board, law enforcement, or other party appropriate for the allegation.

#### **CODE OF ETHICS**

The Board of Directors shall annually review the code of ethics for alignment with the MHCO mission and values. The MHCO Code of Ethics states:

- We will utilize our professional skills in striving to obtain for each resident the permanence of a family life, preferably with his or her own family.
- We will protect residents for whom we are responsible from abuse or maltreatment, experimentation, economic exploitation, malnutrition, and unsafe environments; and provide the best care possible.
- We will obtain or provide for residents the best therapeutic care available.
- We will provide every opportunity for residents to develop their intellectual abilities and talents.
- We will respect the uniqueness of each resident's family, race, culture, and religion while attempting to instill a sense of self-worth, individuality, and the responsibilities and privileges of American citizenship.
- We will maintain confidentiality in all matters concerning the residents and families we serve regarding current laws and regulations.
- We will nurture in each resident the spiritual ethic appropriate to his or her background and religious heritage.
- We will serve families and residents without discrimination based on race, color, national origin, religion, sex, ancestry, disability, sexual orientation, or any other protected status.
- We will serve only those families and residents for whom our services are appropriate and will plan carefully and realistically with, and for, each individual within the context of the family.
- We will strive to enhance the knowledge, skills, and compassion of adults in our employ.
- We will use our knowledge and influence as advocates for families and residents to bring about positive change, develop resources, and strengthen family life.
- We will constantly review our services for relevance and effectiveness and will strive to provide services appropriate to the needs of family, community, and society.
- We will represent our services and intentions honestly and openly.
- We will manage all fiscal resources as required by good stewardship and sound business practices.

- We will not exploit the plight of residents and families we serve for financial gain.
- We will operate in an open and transparent manner in accordance with applicable legal requirements and use assets exclusively and effectively to serve the mission.
- We will enforce the conflict-of-interest policy consistent with state and federal laws and regulations to prevent abuse and disclose potential conflicts of interest.
- We will carry out fundraising efforts ethically and in a fiscally responsible manner.
- We will comply with all state and federal laws and regulations related to generally accepted accounting principles and annual auditing requirements.

### ETHICAL DECISION MAKING

MHCO ascribes to a system of moral principles, duty, and character that promotes the ideal end of all our human action and behavior, answerable to a higher authority, and as is commonly regarded as ethics. This sense of moral obligation informs every decision when dealing with others. Ethics implies doing the right thing because it is the right thing to do, uninfluenced by threat, force, intimidation, greed, or expediency. Decisions to discharge a resident from a program, admit a resident into care, defer an application, recommend psychiatric hospitalization for a resident, or determine what to report or withhold from a progress summary, are all issues that require ethical decision making. Ethics and morality are interpretative regarding perspective. Different people view situations differently and a sense of ethical obligation of any given decision may vary widely from that of others. The Administrator, directors, supervisors, employees, and residents must seek means whereas they can reach consensus and agreement. To assist in this effort, MHCO has adapted the [Practitioner's Guide to Ethical Decision Making model developed by Forester-Miller and Davis \(1996\)](#) for use in ethical dilemmas.

There are five (5) moral principles that are identified as the root of ethical decision making (Kitchener, 1984). These principles include:

- Autonomy- "allowing an individual the freedom of choice and action... helping the client to understand how their decisions and their values may or may not be received within the context of the society in which they live, and how they may impinge on the rights of others... ability to make sound and rational decisions (Forester-Miller & Davis, 1996)."
- Nonmaleficence- "not causing harm to others (Forester-Miller & Davis, 1996)."
- Beneficence- "contribute to the welfare of the client (Forester-Miller & Davis, 1996)."
- Justice- "being able to offer a rationale that explains the necessity and appropriateness of treating an individual differently (Forester-Miller & Davis, 1996)."
- Fidelity- "loyalty, faithfulness, and honoring commitments (Forester-Miller & Davis, 1996)."

There are seven basic steps to applying the ethical decision-making model:

- Identify the problem-gather information and separate assumptions or suspicions, ask "is it an ethical, legal, professional, or clinical problem? ... Is the issue related to me and what I am or am not doing?... Is it related to the agency and their policies and procedures? ([Forester-Miller & Davis, 1996](#))"
- Apply the Code of Ethics-refer to the MHCO Code of Ethics above and various professional codes of ethics to see if the issue is addressed.
- Consider the moral principles (i.e. autonomy, nonmaleficence, beneficence, justice, and fidelity)-determine which principles apply and which takes priority, consult with supervisors.
- Determine potential actions- "brainstorm as many possible courses of action as possible. Be creative and consider all options ([Forester-Miller & Davis, 1996](#))."
- Consider potential consequences of each option and choose the most appropriate- "ponder the implications of each course of action for the client, for others who will be affected, and for yourself... Eliminate the options that clearly do not give the desired results or cause even more problematic consequences. Review the remaining options to determine which option or combination

of options best fits the situation and addresses the priorities you have identified ([Forester-Miller & Davis, 1996](#)).”

- Evaluate the chosen action- “Review the selected course of action to see if it presents any new ethical considerations. Stadler (1986) suggests applying three simple tests to the selected course of action to ensure that it is appropriate. In applying the test of justice, assess your own sense of fairness by determining whether you would treat others the same in this situation. For the test of publicity, ask yourself whether you would want your behavior reported in the press. The test of universality asks you to assess whether you could recommend the same course of action to another... If the course of action you have selected seems to present new ethical issues, then you’ll need to go back to the beginning and reevaluate each step... If you can answer in the affirmative to each of the questions... you are ready to move on to implementation ([Forester-Miller & Davis, 1996](#)).”
- Implementation-implement the action and “follow up on the situation to assess whether your actions had the anticipated effect and consequences ([Forester-Miller & Davis, 1996](#)).”

#### **DRESS CODE**

MHCO strives to maintain a professional workplace environment. Appearance creates a positive or negative impression that reflects on MHCO. Thus, employees should keep in mind that appearance matters when representing MHCO in front of residents, visitors, and other stakeholders while on and off campus. MHCO recognizes the importance of an individual’s held religious beliefs and ethnicity. Grooming and dress dictated by individual employees’ religion and ethnicity shall be respected and accommodated unless the accommodation creates undue hardship or safety concerns. All employees shall be neat, clean, and well-groomed. The following guidelines may assist MHCO personnel in determining the appropriateness of appearance in carrying out daily tasks. Personnel shall use their professional judgment or ask a supervisor about the appropriateness of appearance as written guidelines do not cover all situations.

MHCO’s official dress code is business casual. All clothing must be appropriate, conservative, and project professionalism per the individual’s job description. In all cases, MHCO employees should dress based on their duties that day.

Footwear and jewelry should be selected per the type of work performed, keeping safety, comfort, and professional appearance in mind. Hair and fingernails must be clean and groomed.

Clothing that is too revealing, inappropriate, or offensive is prohibited. Clothing typically worn during workouts, at the beach, or while performing outdoor activities is prohibited for administrative employees, unless such activities are planned and approved by the employee’s supervisor in advance. Undergarments should be worn but not visible. Headwear is generally not allowed.

MHCO gear is encouraged for events that do not require more formal attire. Uniforms or protective clothing may be required for certain positions and will be provided to employees by MHCO.

The dress code may be changed for special events upon supervisory approval. For example, semi-formal attire for special events may be requested. Employees may wear jeans, tennis shoes, MHCO apparel, or other approved attire if there are no special events or public interaction requiring business casual or other attire. Supervisors shall ask employees to return home to change if considered in violation of the dress code.

<b>Policy Name:</b>	Fair and Equitable Treatment Policy
<b>Domain:</b>	<a href="#">Introduction</a>
<b>Applies to:</b>	Employees, Stakeholders, and Board of Directors
<b>Policy Location:</b>	<a href="#">Y:/Forms/Policies and Procedures/Policies/Fair and Equitable Treatment Policy.pdf</a>
<b>Effective Date:</b>	2/2/2009
<b>Date(s) of Revision:</b>	3/9/2017; 2/9/2018; 8/12/2022
<b>References:</b>	<a href="#">COA Administration and Management Standards (CR 1, CR 1.03)</a> <a href="#">Equal Employment Opportunity Commission</a> <a href="#">Americans with Disabilities Act</a> <a href="#">Section 504 of the Rehabilitation Act of 1973</a> <a href="#">Multiethnic Placement Act of 1994</a> <a href="#">Employee Grievance Policy</a> <a href="#">Employee Grievance Procedure</a> <a href="#">Stakeholder Grievance Policy</a> <a href="#">Stakeholder Grievance Procedure</a> <a href="#">Employee Rights Policy</a> <a href="#">Resident Rights Policy</a> <a href="#">Resident Rights Procedure</a> <a href="#">Recruitment and Selection Policy</a> <a href="#">Recruitment and Selection Procedure</a> <a href="#">Direct Care Admissions, Deferrals, and Intake Procedure</a> <a href="#">Direct Care Daily Living</a> <a href="#">Direct Care Discharge Procedure</a> <a href="#">ILP Admissions, Deferrals, and Intake Procedure</a> <a href="#">ILP Daily Living</a> <a href="#">ILP Discharge Procedure</a>
<p>It is the policy of MHCO's Board of Directors that applicants, <del>service recipients</del><del>residents</del>, personnel, and stakeholders shall be treated without regard to age, gender, sexual orientation, color, race, creed, national origin, ancestry, religious affiliation, marital status, political belief, physical or mental disability, pregnancy, military or veteran status, or any other characteristic protected by law unrelated to the individual's ability to perform employment duties adequately or appropriateness for the level of care consistent with service delivery. Any individual who believes that he or she has been discriminated against should contact the Administrator or file a grievance. The Policy and Personnel Committee of the Board of Directors shall review this policy for compliance and interpret any issue of fair and equitable treatment.</p> <p>MHCO shall not discriminate in the hiring of new employees, conditions of employment, evaluations, or termination of employees. MHCO operates a residential program that utilizes live-in, married couples providing direct care services as part of a program model. This model constitutes a valid hiring situation that has been approved by the state and is exempt from discrimination, preferential treatment, or nepotism claim. Specific criteria for determining an individual's ability to perform employment duties are outlined in the <a href="#">Recruitment and Selection Policy and Procedure</a>.</p> <p>MHCO shall not discriminate in the decisions concerning <del>all applicants and service recipients</del> <del>residents</del> such as admission, deferral, <del>conditions of the living environment, or</del> discharge from <del>care</del><del>services, or</del> <del>condition of the living environment (for residents)</del>. Specific criteria for determining appropriateness for the level of care consistent with service delivery for the Direct Care and Independent Living Program are</p>	

outlined in various procedures in the [Service Planning and Delivery](#) section. [Service criteria for nonresidential service applicants and recipients are outlined in the Community Support Center Services policies and procedures.](#)

MHCO is committed to policies that are fair, equitable and in accordance with all applicable existing laws to all personnel and stakeholders in matters regarding the following standards and acts:

- [Civil Rights Act of 1964 \(as amended\)](#)
- [Americans with Disabilities Act of 1993](#)
- [Section 504 of the Rehabilitation Act of 1973](#)
- [Multiethnic Placement Act of 1994](#)
- [Equal Employment Opportunity Act](#)
- [Fair Labor Standards Act](#)
- [Equal Pay Act](#)
- [Age Discrimination in Employment Act](#)
- [Americans with Disabilities Act](#)
- [Family and Medical Leave Act](#)
- [Occupational Safety and Health Act](#)
- [National Labor Relations Act](#)
- [Sarbanes-Oxley Act of 2002](#)
- [Small Necessities Act](#)
- [Affordable Care Act](#)
- [Uniformed Services Employment and Reemployment Rights Act of 1994 \(USERRA\)](#)

**Authorizing Signatures**

Chairman, Board of Directors \_\_\_\_\_ Date \_\_\_\_\_

Administrator \_\_\_\_\_ Date \_\_\_\_\_

<b>Policy Name:</b>	Human Subjects Research Policy
<b>Domain:</b>	<a href="#">Introduction</a>
<b>Applies to:</b>	Employees and Stakeholders
<b>Policy Location:</b>	<a href="#">Y:/Forms/Policies and Procedures/Policies/Human Subjects Research Policy.pdf</a>
<b>Effective Date:</b>	2/2/2009
<b>Date(s) of Revision:</b>	3/9/2017; 8/10/2018
<b>References:</b>	<a href="#">COA Administration and Management Standards (CR 3, CR 3.01, CR 3.02, CR 3.03)</a> <a href="#">National Association of Social Workers Code of Ethics</a> <a href="#">American Psychological Association Code of Ethics</a> <a href="#">American Counseling Association Code of Ethics</a> <a href="#">Resident Rights Policy</a> <a href="#">Resident Rights Procedure</a> <a href="#">Employee Rights Policy</a> <a href="#">Confidentiality Policy</a> <a href="#">Confidentiality Procedure</a> <a href="#">Ethical and Professional Standards of Conduct</a>
<p>It is the policy of MHCO's Board of Directors that MHCO shall permit residents, personnel, or other stakeholders to participate in research using human subjects in limited circumstances. Research involving human subjects is often necessary to determine best practice and for performance and quality improvement of programs and methodology. The Board of Directors shall carefully examine requests for conducting research involving human subjects must be deemed to be in the best interests of those associated with MHCO to ensure:</p> <ul style="list-style-type: none"> <li>• approval and supervision of the study by an external Institutional Review Board,</li> <li>• compliance with legal requirements and exemptions,</li> <li>• compliance with professional and ethical standards of social work and psychology,</li> <li>• <del>protection of the identity and privacy of participants</del> <b>in all phases of research conducted by, or with the cooperation of, MHCO including, but not limited to, masking the individual identity of research participants in all statistical analyses, reports, summaries, and case examples.</b></li> <li>• <del>to include</del> signed releases and informed consent <b>are obtained,</b></li> <li>• potential conflicts of interest are avoided,</li> <li>• normal operations of employment or service delivery are not impeded, and</li> <li>• protection of participants from unwarranted physical or mental distress, harm, danger, or deprivation.</li> </ul> <p>Consent for participation and release forms shall include consent if the participant is an adult, legal custodian consent if the participant is a minor, a statement acknowledging that the individual voluntarily agrees to participate, an assertion that MHCO shall continue to provide services whether or not a resident agrees to participate, an explanation of the nature and purpose of the research, a clear description of all possible risks <b>or discomfort, as applicable,</b> associated with participation, and limits and guarantees of confidentiality. <b>The consent form should be presented to the participant in an accessible format, which takes into account language barriers as well as intellectual and developmental disabilities that could impact the participant's understanding.</b></p> <p>Reports, summaries, analyses, and case studies emanating from the research shall be reviewed by the Board of Directors for confidentiality of participants and approved before publication or dissemination. If approved, the Board of Directors shall monitor ongoing research activities regarding ethics and compliance with agreed upon guidelines. Individuals asked to participate in approved research activities shall have the right to refuse or discontinue participation without penalty at any time. Failure to comply with these guidelines may be grounds for employment termination or other administrative or legal proceedings.</p>	

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**Authorizing Signatures**

Chairman, Board of Directors \_\_\_\_\_ Date \_\_\_\_\_

Administrator \_\_\_\_\_ Date \_\_\_\_\_



<b>Policy Name:</b>	Nepotism Policy
<b>Domain:</b>	<a href="#">Introduction</a>
<b>Applies to:</b>	Employees and Board of Directors
<b>Policy Location:</b>	<a href="#">Y:/Forms/Policies and Procedures/Policies/Nepotism Policy.pdf</a>
<b>Effective Date:</b>	2/2/2009
<b>Date(s) of Revision:</b>	3/9/2017
<b>References:</b>	<a href="#">COA Administration and Management Standards (GOV 7.03)</a>
<p>It is the policy of MHCO's Board of Directors that members of the board and employees shall avoid practicing nepotism in hiring, referral, or service delivery procedures. Nepotism is defined as favoritism shown to relatives or close friends by employers or supervisors. Employment of relatives or close friends of current employees or Board Members is discouraged. A relative is defined as a family member (i.e. spouse, child, parent, grandparent, brother, sister, stepparent, or stepchild) or household member of a current employee or Board Member. No employment or placement shall be made when it would result in an employee or Board Member having influence over a relative's employment, <u>supervision</u>, promotion, salary determination, service delivery decisions, or other personnel or residency considerations. MHCO operates a residential program that utilizes live-in, married couples providing direct care services as part of a program model. This model constitutes a valid hiring situation that has been approved by the state and is exempt from nepotism claim. The Policy and Personnel Committee of the Board of Directors shall review this policy for compliance and interpret any issue of nepotism.</p>	
<b>Authorizing Signatures</b>	
Chairman, Board of Directors _____	Date _____
Administrator _____	Date _____

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<b>Procedure Name:</b>	Performance and Quality Improvement Operational Procedure
<b>Domain:</b>	<a href="#">Performance and Quality Improvement</a>
<b>Applies to:</b>	Employees
<b>Procedure Location:</b>	<a href="#">Y:/Forms/Policies and Procedures/Procedure/Operational Procedure.pdf</a>
<b>Effective Date:</b>	2/2/2009
<b>Date(s) of Revision:</b>	3/9/2017; 11/9/2018; 5/10/2019; 5/8/2020
<b>References:</b>	<a href="#">COA Administration and Management Standards (PQI 1, PQI 2, PQI 2.02, PQI 3, PQI 3.01, PQI 3.03, PQI 3.04)</a> <a href="#">PQI Plan</a>

MHCO strives to develop a culture of improvement to identify agency and program specific issues. Performance measurement shall be designed to provide evidence for improvement plan implementation toward efficiency and delivery of effective services. Data measurements shall be identified using logic modeling to determine specific indicators for MHCO's inputs, activities, outputs, and outcomes. Data shall be collected in a manner that respects resident and employee confidentiality and rights.

The Performance and Quality Improvement (PQI) structure at MHCO shall include representation from various stakeholders and ~~all~~ departments. There shall be three main PQI groups: PQI Core Group, PQI Subcommittee, and PQI Committee.

The PQI Core Group (~~i.e. the PQI Incident Review team~~) consists of the Administrator, ~~HR Specialist, Program Director, Program Clinical Coordinator, PQI Coordinator, Chief Financial Officer, HR and Training Coordinator, and Campus Nurse-, the Education Coordinator/Vocational Counselor, representatives of residential programs (a supervisor, a childcare worker, a Residential Advisor), the representative of the Resident Advisory Council (RAC), and the representative of the Staff Advisory Council (SAC).~~ This group shall initially review incidents, grievances, ~~and searches and seizures, minutes from the RAC and SAC,~~ and provides recommendations ~~for the PQI Subcommittee to review. They shall review recommendations~~ for improvement ~~provided by the PQI Subcommittee and implementation of~~ feasible improvement plans.

The PQI Subcommittee shall consist of the ~~Administrator, HR Specialist, PQI Coordinator, Program Clinical Coordinator, Program Director, Chief Financial Officer, and Education Coordinator/Vocational Counselor, and additional personnel as needed. Vocational Counselor, Education Coordinator, Maintenance Director, In-Kind Gift Coordinator, Intake Coordinator, and representatives from finance, recreation, and programs (i.e. a supervisor, a Resident Advisor, and a Child Care Worker).~~ This group shall ~~meet quarterly before each board meeting to review the quarterly data collected in the PQI database for the PQI Report, monthly summaries provided by the PQI Core Group,~~ identify trends in aggregated data reports, monitor outcomes and goal/target progress, ~~develop improvement plans, review minutes from the Resident Advisory Council and Staff Advisory Council,~~ and discuss aggregated survey results. ~~They shall provide monthly recommendations for improvement plans and identified trends to the PQI Core Group for review.~~ Plans for improvement shall be developed based on the evidence collected using a Plan-Do-Check-Act model of change. A PQI Report shall be developed quarterly for the ~~PQI~~BOD Committee and Board of Directors to review. This report shall include information about trends identified in data, goal progress, recognition, improvement recommendations, plans toward outcome achievement, and future goals to be developed.

The PQI Committee consists of ~~the same group of personnel, and Board Mm~~embers ~~as the Program Planning Committee and conducts business during the same session., and community partners.~~ This group shall meet quarterly before each board meeting to review the PQI Quarterly Report and make

additional recommendations or changes. The PQI Committee shall provide the information to the Board of Directors for review and distribution to interested parties. Yearly aggregated PQI information shall be reported through the MHCO Annual Report and distributed to stakeholders including community partners, residents, resident families, alumni, employees, interns, volunteers, and Board mMembers. ~~The PQI Director shall keep a permanent record of the meeting in the form of minutes.~~ There shall be an agenda to guide the orderly, scheduled business of the committee, a review of the minutes of the previous meeting, and opportunities to discuss old and new business.

The PQI ~~Director~~Coordinator shall provide annual and as needed training on using data collection tools and forms and how to interpret and use data to improve performance.

**Authorizing Signatures**

Administrator \_\_\_\_\_ Date \_\_\_\_\_

HR and Training Coordinator \_\_\_\_\_ Date \_\_\_\_\_

<b>Policy Name:</b>	Protection of Suspected Misconduct Reporting Policy
<b>Domain:</b>	<a href="#">Introduction</a>
<b>Applies to:</b>	Employees, Stakeholders, and Board of Directors
<b>Policy Location:</b>	<a href="#">Y:/Forms/Policies and Procedures/Policies/Protection of Suspected Misconduct Reporting Policy.pdf</a>
<b>Effective Date:</b>	2/2/2009
<b>Date(s) of Revision:</b>	3/9/2017; 2/9/2018; 5/10/2019
<b>References:</b>	<a href="#">COA Administration and Management Standards (GOV 8)</a> <a href="#">Sarbanes-Oxley Act of 2002</a> <a href="#">NC False Claims Act</a> <a href="#">Employee Grievance Policy</a> <a href="#">Employee Grievance Procedure</a> <a href="#">Stakeholder Grievance Policy</a> <a href="#">Stakeholder Grievance Procedure</a> <a href="#">Employee Rights Policy</a> <a href="#">Resident Rights Policy</a> <a href="#">Resident Rights Procedure</a>
<p>It is the policy of MHCO's Board of Directors that members of the board and personnel shall protect individuals <del>that</del><u>who</u> report suspected misconduct and prohibit retaliation <del>of</del><u>against</u> such reporters, even if the claim is unfounded. MHCO <u>expects high standards of ethical conduct by board members, leadership, management, personnel, interns, volunteers, etc., and</u> recognizes the value of providing personnel and stakeholders freedom to report wrongdoing or violation of established ethical conduct, standards, policies, and procedures within the organization and fully enforces protection of all who make such reports. This policy protects individuals <del>that</del><u>who</u> report wrongdoing such as theft, misleading financial reporting, improper records handling or destruction, improper use of resources, conflict of interest policy violations, and making grievances. Efforts to protect the confidentiality of the reporter shall be attempted to minimize potential for retaliation, except when disclosure is legally required. Examples of prohibited retaliatory actions for reporting issues include firing, demotion, suspension, harassment, failure to consider the employee for promotion, deferral, dismissal from programs <u>and services</u>, or any kind of discrimination. Reports protected by this policy must include statements made in good faith and based on a reasonable belief that a violation has occurred. Knowingly making false reports may result in termination of employment or dismissal from <del>residential-services and</del> programs. Violations of this policy should be reported per the <a href="#">Employee</a> or <a href="#">Stakeholder Grievance Procedure</a>. Substantiated grievances of retaliation or violations of this policy may result in termination or dismissal from <del>residentialservices or</del> programs.</p>	
<b>Authorizing Signatures</b>	
Chairman, Board of Directors _____	Date _____
Administrator _____	Date _____

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<b>Policy Name:</b>	Stakeholder Grievance Policy
<b>Domain:</b>	<a href="#">Service Planning and Delivery</a>
<b>Applies to:</b>	Stakeholders
<b>Policy Location:</b>	<a href="#">Y:/Forms/Policies and Procedures/Policies/Stakeholder Grievance Policy.pdf</a>
<b>Effective Date:</b>	2/2/2009
<b>Date(s) of Revision:</b>	11/11/2016; 3/9/2017; 5/10/2019; 8/12/2022; 11/10/2023
<b>References:</b>	<a href="#">COA Administration and Management Standards (CR 1.02, CR 1.05)</a> <a href="#">Stakeholder Grievance Procedure</a> <a href="#">Stakeholder Grievance Flowcharts</a> <a href="#">Grievance Form</a> <a href="#">Grievance Appeal Form</a> <a href="#">Fair and Equitable Treatment Policy</a> <a href="#">Harassment Policy</a> <a href="#">Resident Rights Policy and Procedure</a> <a href="#">Protection of Suspected Misconduct Reporting Policy</a>
<p>This policy refers to stakeholders such as service recipients – including residents-, former residents, applicants, custodians, parents, significant others of residents, community members, and other stakeholders. Please refer to the “Employee Grievance Policy” to review the grievance policy for employees, interns, volunteers, etc. It is the policy of MHCO’s Board of Directors that <del>each</del> stakeholders (i.e. residents, former residents, applicants, custodians, parents, significant others of residents, and other stakeholders) shall have the right to <del>express, file, and resolve</del> any grievances connected with <del>his or her</del> their services or care or the care of residents at MHCO and shall be allowed to exercise this right without fear of <del>interference or</del> retaliation. A stakeholder complaint is defined as “an expression of verbal dissatisfaction that can include, but is not limited to, services, manner of treatment, outcomes, or experiences (Council on Accreditation, 2008).” A stakeholder grievance is defined as a written complaint submitted and investigated through a formal procedure. Not every complaint necessitates a grievance. MHCO encourages open and honest discussions between stakeholders and staff and expects that most grievances can be addressed satisfactorily through such discussions. MHCO’s <a href="#">Stakeholder Grievance Policy and Procedure</a> aims to promote the resolution of appropriate concerns lodged in good faith. If at any time a stakeholder believes that a practice, philosophy, or action of an individual or individuals is not in his or her best interest or in the best interest of other residents, that stakeholder should follow the <a href="#">Stakeholder Grievance Procedure</a>.</p> <p>Copies of the <a href="#">Stakeholder Grievance Policy and Procedure</a> shall be <del>provided to all stakeholders upon request. Residential services recipients shall be given to stakeholders</del> provided to all stakeholders upon request. <del>Residential services recipients shall be given to stakeholders</del> at intake or orientation, and <del>can be found</del> in their admission packet. The <a href="#">Grievance Form</a> can be accessed from program staff or in SJAB. Forms must include a complete and factual description of the behavior or event in question including dates, times, and sequences of events; how the decision, action, policy, or procedure has been detrimental to the <del>care of the residents</del> stakeholder; and the action or remedy being sought. Grievances must be submitted within twenty (20) working days from the day of the event that necessitated the grievance or the stakeholder became aware of the issue. Stakeholder grievances submitted to external regulatory or statutory authorities such as the <a href="#">Department of Social Services</a>, <a href="#">Equal Employment Opportunity Commission</a>, or a law enforcement agency may not be deemed appropriate to be resolved through the <a href="#">MHCO Stakeholder Grievance Procedure</a>. All parties named in a grievance shall be entitled to be informed of all allegations made against them and have the right to respond to those allegations. All parties involved in a grievance must maintain confidentiality about the grievance unless supervisors, the Program Director, the Administrator, or the Board of Directors are discussing the matter for resolution with appropriate staff, or the parties involved are discussing the matter for legal advice or counsel. A stakeholder who does not feel comfortable discussing a grievance without an advocate unaffiliated with MHCO shall be encouraged by <del>program</del> MHCO staff to discuss the matter with his or her <del>legal counsel</del>, legal custodian, <del>legal counsel</del>, or a child advocate requested through a supervisor. This advocate may accompany the stakeholder or may be an unaccompanied voice for the stakeholder when discussing the grievance.</p>	

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Nothing shall discourage a stakeholder from discussing a grievance or knowledge pertinent to a grievance with a supervisor, nor shall a stakeholder be discriminated against for exercising this right.

Stakeholders who submit a grievance can express intent to withdraw the grievance at any time, in writing, to the employee who received the grievance or the Administrator. A grievance that is subject to an internal or external investigation can only be withdrawn after the conclusion of the investigation. However, the written intent to withdraw the grievance shall be noted and reported to the parties investigating the grievance. ~~In residential programs,~~ the supervisor shall inform all parties involved in the grievance about the withdrawal and closure of the grievance.

Documentation related to the grievance shall be stored securely and retained for seven (7) years after action is completed. Supervisors, the Program Director, and the Administrator shall be responsible for responding to grievances professionally, sensitively, timely, and ensuring that the parties involved in a grievance shall be informed of the process and protected from harassment, bullying, discrimination, victimization, or retaliation. Stakeholders shall be responsible for cooperating and participating in attempts to resolve grievances. Residential stakeholders shall be made aware of the grievance policy and procedure during intake or orientation and when there are significant changes to the policy and/or procedure.

<b>Procedure Name:</b>	Stakeholder Grievance Procedure
<b>Applies to:</b>	Stakeholders
<b>Procedure Location:</b>	<a href="#">Y:/Forms/Policies and Procedures/Procedures/Stakeholder Grievance Procedure.pdf</a>
<b>Effective Date:</b>	2/2/2009
<b>Date(s) of Revision:</b>	11/11/2016; 3/9/2017; 11/9/2018; 5/10/2019; 11/10/2023
<b>References:</b>	<a href="#">COA Administration and Management and Service Delivery Administration Standards (CR 1.02, CR 1.05)</a> <a href="#">Stakeholder Grievance Policy</a> <a href="#">Stakeholder Grievance Flowcharts</a> <a href="#">Grievance Form</a> <a href="#">Grievance Appeal Form</a> <a href="#">Protection of Suspected Misconduct Reporting Policy</a> <a href="#">Critical Incidents Procedure</a> <a href="#">Non-Critical Incidents Procedure</a>



**STAKEHOLDER GRIEVANCES CONCERNING EMPLOYEES, OTHER  
~~STAKEHOLDERS~~SERVICE RECIPIENTS, INTERNS, VOLUNTEERS,  
GUESTS, ANY OTHER STAKEHOLDER, SERVICES, OR RESIDENTIAL  
CONDITIONS**

This procedure refers to stakeholders such as Stakeholders (i.e. all service recipients -including residents-, former residents, applicants, custodians, parents, significant others of residents, community members, and other stakeholders etc.) Please refer to the "Employee Grievance Procedure" to review the grievance procedure for employees, interns, volunteers, etc. Stakeholders who have complaints concerning employees, ~~other stakeholders, other service recipients, interns,~~ volunteers, guests, any other stakeholder, services, or residential conditions should discuss the grievance verbally or file a written grievance using the appropriate Grievance Form with an employee with whom they feel most comfortable. In residential programs, ~~The~~ employee receiving the grievance shall discuss the matter with the Program Clinical Coordinator unless the Program Clinical Coordinator is the subject of the grievance. If the subject of the grievance is the Program Clinical Coordinator, the employee shall discuss the matter with the Program Director. The Program Clinical Coordinator shall inform the parent or custodian of a resident filing a grievance and the Program Director. The Program Clinical Coordinator or Program Director shall determine if the grievance is warranted and open an internal or external investigation (i.e. raises reasonable questions about the care of residents or residential conditions that could possibly be a violation of one or more policies) or if the grievance is unfounded. If a grievance investigation is warranted based on the content of a verbal complaint, the immediate supervisor shall ensure that the grievance is submitted using the appropriate Grievance Form. If a grievance relates to unlawful activity or behavior, MHCO staff may be obligated to open an external investigation using the procedure described in the Grievances Involving Unlawful Activity or Behavior section below. If an internal investigation is opened, the immediate supervisor shall act promptly to gather all the facts, interview the parties involved and witnesses, review MHCO policy, discuss the matter with his or her supervisor and appropriate staff, analyze the situation, and come to a resolution or refer the grievance, in writing, to the Administrator. The Program Clinical Coordinator or Program Director shall maintain a detailed record of all meetings. An employee with knowledge pertinent to the grievance shall make an appointment to discuss his or her knowledge with the supervisor within two (2) working days. If the Program Clinical Coordinator or Program Director determines that a grievance is unfounded (i.e. lacks evidence or does not raise reasonable questions about the care of residents), he or she will close the grievance as unfounded. If the Administrator determines that a grievance is substantiated against a guest or ~~related~~ unrelated volunteer ~~of an~~ to an employee, the employee shall be held responsible for the guest's or volunteer's actions. If a resolution has been made or the grievance was determined to be unfounded, the immediate supervisor shall notify the parties involved, in writing, of the resolution and appeal procedure within two (2) working days. The Program Clinical Coordinator or Program Director shall monitor the implementation of the resolution.

If the stakeholder wishes to appeal the decision with the Administrator, he or she may do so using a Grievance Appeal Form given to the Administrator within ten (10) days of the notification of the resolution. If an investigation is warranted or if the stakeholder appeals the supervisor's resolution, the Program Director shall refer the complaint via written grievance using the appropriate Grievance Form, gathered facts, and documentation to the Administrator and notify the parties involved, in writing, within two (2) working days. The Administrator shall have ten (10) days to gather all the facts, interview the parties involved and witnesses, review MHCO policy, discuss the matter with appropriate staff, analyze the situation, and come to a resolution. The Administrator shall maintain a detailed record of all meetings. The Administrator shall notify the parties involved, in writing, of the resolution within ten (10) working days. The decision of the Administrator shall be final for stakeholder grievances concerning ~~stakeholders~~ service recipients, employees, interns, volunteers, guests, other stakeholders, services, or residential conditions. The Administrator shall monitor the implementation of the resolution.

The immediate supervisor or the Administrator shall supply copies of the documentation to the HR Specialist to be filed in the parties' personnel files and notify the PQI Coordinator who shall log the grievance in the tracking system at each stage (i.e. grievance received, pending results of internal investigation, pending results of external investigation, closed as unfounded, closed as substantiated, pending appeal).

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If an employee with access to personnel files is the subject of a grievance and the stakeholder submitting the grievance has requested anonymity, the Administrator shall maintain a separate and sealed file that contains all documentation. A note shall be included in the personnel file indicating that the results of the grievance have been kept by the Administrator.

If an employee with access to PQI files is the subject of a grievance and the stakeholder submitting the grievance has requested anonymity, the Administrator shall review the grievance through PQI and keep a summary of the review in a separate and sealed file. A note shall be included in the PQI tracking system indicating that the results of the review have been kept by the Administrator.

### **STAKEHOLDER GRIEVANCES CONCERNING THE ADMINISTRATOR**

Stakeholders (~~i.e.~~ e.g. service recipients -including residents-, former residents, applicants, custodians, parents, significant others of residents, other stakeholders) who have complaints concerning the Administrator should file a written grievance using the appropriate [Grievance Form](#) with the Policy and Personnel Committee of the Board of Directors. The Committee representatives shall inform the parent or custodian of a resident filing a grievance. The Committee representatives shall determine if a grievance is warranted and open an internal or external investigation (~~i.e.~~ e.g. raises reasonable questions about services in all programs, the care of residents, or residential conditions that could possibly be a violation of one or more policies) or if the grievance is unfounded. If a grievance relates to unlawful activity or behavior, Committee representatives may be obligated to open an external investigation using the procedure described in the Grievances Involving Unlawful Activity or Behavior section below. If an internal investigation is opened, the Committee representatives shall act promptly to gather all the facts, interview the parties involved and witnesses, review MHCO policy, discuss the matter with appropriate staff, analyze the situation, and come to a resolution. The Committee representatives shall maintain a detailed record of all meetings. If the Committee representatives determine that a grievance is unfounded (i.e. lacks evidence or does not raise reasonable questions about services in all programs, the care of residents, or residential conditions), they will close the grievance as unfounded. The Committee representatives shall notify the parties involved, in writing, of the resolution or closure of the grievance after the next board meeting. The decision of the Board of Directors shall be final for stakeholder grievances concerning the Administrator. The Policy and Personnel Committee of the Board of Directors shall monitor the implementation of the resolution. The Committee representatives shall supply copies of the documentation to the HR Specialist to be filed in the Administrator's personnel file and notify the PQI Coordinator who shall log the grievance in the tracking system at each stage.

### **GRIEVANCES INVOLVING UNLAWFUL ACTIVITY OR BEHAVIOR**

If a grievance relates to unlawful activity or behavior, MHCO staff may be obligated to call an appropriate external regulatory or statutory authority such as the [Department of Social Services](#), [Equal Employment Opportunity Commission](#), or law enforcement agency for investigation per the [Critical Incidents Procedure](#) or the [Non-Critical Incidents Procedure](#). In all matters involving abuse or neglect of a resident, employees of MHCO are required by law to report the concerns to the Department of Social Services where the individual resides or is found. For reported abuse or neglect complaints that allegedly occur on the MHCO campus, the complaint or grievance shall be referred to the [Granville County Department of Social Services](#) by the Administrator. The Administrator shall determine if the employee will be placed on a suspension of duty with or without pay during an external investigation for unlawful activity or behavior. The Administrator shall notify the parties involved that a referral has been made to an agency, determine a resolution based on the findings and determinations of the agency, and notify the parties involved, in writing, of the resolution. The Administrator shall monitor the implementation of the resolution. The Administrator shall supply copies of the documentation to the HR Specialist to be filed in the parties' personnel files and notify the PQI Coordinator

who shall log the grievance in the tracking system at each stage.

If an employee with access to personnel files is the subject of a grievance and the stakeholder submitting the grievance has requested anonymity, the Administrator shall maintain a separate and sealed file that contains all documentation. A note shall be included in the personnel file indicating that the results of the grievance have been kept by the Administrator.

If an employee with access to PQI files is the subject of a grievance and the stakeholder submitting the grievance has requested anonymity, the Administrator shall review the grievance through PQI and keep a summary of the review in a separate and sealed file. A note shall be included in the PQI tracking system indicating that the results of the review have been kept by the Administrator.



<b>Procedure Name:</b>	Succession Planning Policy
<b>Applies to:</b>	Employees and Interns
<b>Procedure Location:</b>	
<b>Effective Date:</b>	May 9, 2025
<b>Date(s) of Revision:</b>	
<b>References:</b>	COA Governance Standard 5.04

MHCO strives to promote and provide advancement opportunities for employees and plan for anticipated departures of key employees. MHCO recognizes key positions for consideration to include the Administrator, Program Director, Chief Finance Officer, SGA Print Shop Manager, Maintenance Director, and the Program Clinical Coordinator. Some MHCO departments have possible career paths within their own department and several support roles are staffed by only one employee. In all cases MHCO seeks to offer the opportunity for employees to share their interest in advancing within their department or changing their role. During the Staff Qualification and Workload reporting process and through regular supervision opportunities to have employees indicate their intention to change their role are offered.

MHCO offers support for additional training and continuing education as agreed for succession planning and career development. The regular supervision process provides opportunities for direct training, processing, and delegation of tasks to support readiness. Competencies necessary for each role relate to the Job Description

Interim authority for key roles relates primarily to the Organizational Chart to include subordinates and supervisors to assume interim leadership. In the case of the Administrator's unexpected departure the Chairman of the Board would coordinate in tandem with the Program Director and Chief Finance Officer to delegate authority for specific actions and tasks. The Program Director's position would delegate interim authority to the Program Clinical Coordinator. The Chief Finance Officer's position would delegate interim authority to the Administrator with support from the Treasurer of the MHCO Board. The SGA Print Shop Manager's and Maintenance Director's positions would delegate interim authority to the Chief Finance Officer unless an employee within those departments has been identified and prepared to assume the duties in coordination with the CFO. The Program Clinical Coordinator's position would delegate interim authority to the Program Director unless a Supervisor/Clinician has been identified and prepared to assume the duties in coordination with the Program Director. In all situations, the authority is balanced by regular supervisory sessions to process important decisions especially related to residents and service recipients, employees, and financial matters.

**Authorizing Signatures**

Administrator \_\_\_\_\_ Date \_\_\_\_\_

HR and Training Coordinator \_\_\_\_\_ Date \_\_\_\_\_



<b>Procedure Name:</b>	Succession Planning Procedure
<b>Applies to:</b>	Employees and Interns
<b>Procedure Location:</b>	
<b>Effective Date:</b>	May 9, 2025
<b>Date(s) of Revision:</b>	
<b>References:</b>	COA Governance Standard 5.04

MHCO incorporates Succession Planning principles with the goal of recruiting, developing, and maintaining employees. MHCO’s vast history, unique structure within the Child Welfare Industry, and reliance on the continued support of stakeholders necessitates the sharing of agency information, organizational structures, collaborative relationships with various groups, and skill sets related to departmental requirements such as Program, Finance, Financial Development, Marketing, and others to employees advancing in their job assignments at MHCO.

The practice of Succession Planning includes recruitment of employees, ongoing performance appraisal, two-way dialogue between the employee and their supervisor, recognition of an employee’s intention to advance, planned development of skills and competencies, and identification of key positions to emphasize succession. Employees are selected and hired based on their skills, education, experience, and attitude related to their job assignment. Initial discussion in the hiring process can include potential for advancement in their department or across departments as possible. Ongoing supervisory sessions and official performance appraisal and feedback provide opportunities for supervisors and employees to discuss the possibility and potential for advancement. These sessions are important for the expected job skill development, honest feedback, recommendations for employee work task completion, and official planning to help the employee obtain the skills, knowledge, and attitude to be successful in their current position and in an advanced role. Performance appraisals should contain opportunities for continued knowledge development, assignment to growth and development projects, feedback on established and agreed goals, and time frames for various components of the Succession Development plans.

While Succession Planning could be a component of each position at MHCO, emphasis is placed on key positions and established departments. Some support services operate within the team, but do not traditionally have a supervisory chain that would more efficiently support a succession process. Other departments have several related positions or a more defined chain of command that builds on developed skill sets. The Program Department is a good example of levels of advancement that could be developed to lead to the next level as prepared, established, agreed upon, and available. In addition, while supervision, development, and training are offered and exist, the intention of the employee to seek advancement should be discussed and established. Recognition should be maintained that an employee’s intention to advance may change over the course of their career at MHCO. It must also be understood by all parties that development of an employee for advancing is not an absolute that the rising employee would be ready, interested, or pre-selected for that role when it becomes available.

Departments that have a clearer path for advancement include, Program, Finance, School of Graphic Arts, and Maintenance. Support service employees can be included based on the employee’s intentions and the supervisor’s assessment that the employee’s skills and abilities could transfer. Key employees

where Succession Planning should exist include the Administrator, Program Director, Chief Finance Officer, SGA Manager, and Program Clinical Coordinator.

Upon official determination of an employee's interest and supervisor's confirmation of a succession path, planned goals are to be included to help the employee learn pertinent skills, continue their education, participate in related tasks through shadowing, assisting, mentoring, assigned projects, and a plan for replacing any vacated position due to advancement. Depending on the advancement path employees may require crosstraining, supervisory sessions with additional managers, and additional assignments to their current duties. Plans should be developed individually between the employee, their supervisor, and other managers to facilitate the future advancement or determine whether this option is best for all involved and the organization.

The Staff Qualifications and Workload Report completed annually by Department Heads and Human Resources is a good process to determine what advancement channels exist, who on the current staff should be approached and considered, and what skill developments should be put in place for current employees and new hires.

Succession Planning provides the Home with a variety of benefits including, maintaining specific knowledge, incorporation of new perspectives and skills, support in completing challenging projects, improved morale, and increased motivation for all involved. Succession Planning supports a continuity of service, inclusion of new ideas, stability for stakeholders, and ease of transition.

**Authorizing Signatures**

Administrator \_\_\_\_\_ Date \_\_\_\_\_

HR and Training Coordinator \_\_\_\_\_ Date \_\_\_\_\_



<b>Policy Name:</b>	Supervision Policy
<b>Domain:</b>	<a href="#">Human Resources</a>
<b>Applies to:</b>	Employees
<b>Policy Location:</b>	<a href="#">Y:/Forms/Policies and Procedures/Policies/Supervision Policy.pdf</a>
<b>Effective Date:</b>	2/2/2009
<b>Date(s) of Revision:</b>	3/9/2017; 2/9/2018; 5/10/2019; 8/12/2022
<b>References:</b>	<a href="#">COA Service Delivery Administration Standards (TS 3)</a> <a href="#">Supervision Procedure</a> Training Calendar
<p>It is the policy of MHCO's Board of Directors that all personnel are supervised to provide support and promote competence. Supervisors are required to demonstrate that they have skills in leadership and human or material resource management. The HR Specialist shall make arrangements for supervisors to receive training in supervision upon hire or promotion and as needed.</p>	

<b>Procedure Name:</b>	Supervision Procedure
<b>Applies to:</b>	Employees
<b>Procedure Location:</b>	<a href="#">Y:/Forms/Policies and Procedures/Procedures/Supervision Procedure.pdf</a>
<b>Effective Date:</b>	2/2/2009
<b>Date(s) of Revision:</b>	3/9/2017; 8/10/2018; 5/10/2019; 8/12/2022
<b>References:</b>	<a href="#">COA Service Delivery Administration Standards (TS 3)</a> <a href="#">Organizational Chart</a> <a href="#">Professional Development Plan</a> <a href="#">Performance Appraisal Procedure</a>
<p>All supervisors must be able to provide positive professional leadership to those they supervise. Supervision will be assigned per the <a href="#">Organizational Chart</a> developed by the Administrator. The Administrator shall assign supervisory duties based on qualifications of the worker and supervisor, complexity and intensity of job responsibilities, and organizational responsibilities.</p> <p><u>A regularly scheduled department/program meeting, an official face-to-face meeting between the department head and personnel, shall be held at least monthly to increase communication, supervision, and teamwork. The meeting session shall be planned, scheduled, and documented with an agenda for the meeting and signed attendance sheet. The meeting session documents shall be submitted to the HR Specialist by the due date.</u></p> <p>A regularly scheduled supervisory session, an official <u>face-to-face</u> meeting between the employee and the supervisor, shall be held at least <del>monthly</del><u>quarterly</u> with each employee <u>and monthly with each childcare worker</u> to include <del>topics</del><u>activities</u> such as:</p> <ul style="list-style-type: none"> <li>• an official review of organizational goals,</li> <li>• <u>a review of accomplishments and acknowledgement of work well done</u></li> <li>• <u>a</u> review of tasks and initiatives,</li> <li>• a progress evaluation of the employee's <a href="#">Professional Development Plan</a>,</li> <li>• <u>a review of CARE training modules and concepts</u></li> <li>• <u>a review of training needs and employee suggestions for training</u></li> <li>• <u>addressing any issues or concerns, and (if applicable)</u></li> <li>• <u>development of</u> plans of corrective action or improvement,</li> <li>• <del>update</del><u>ing</u> progress from previous plans of corrective action or improvement, <del>and</del></li> <li>• <del>address any issues or concerns.</del></li> </ul> <p>The supervisory session shall be planned, scheduled, and documented with an agenda for the session and notes as to what took place in the session. Sessions are intended to be positive and open. <u>The supervisory session document(s) shall be submitted to the HR Specialist by the due date and be placed in the personnel file.</u></p> <p>The September supervisory session shall include specific discussion, observation, and feedback related to the development of the employee's performance goals and objectives for the upcoming year. Performance goals shall be evaluated at the September supervisory session per the Performance Appraisal Procedure. The February supervisory session shall include specific discussion, observation, and feedback related to the employee's goals identified at the September supervisory session. Initial goals and progress shall be documented by the supervisor on the <a href="#">Professional Development Plan</a> at the September and February supervisory sessions. The form shall be initialed by the employee and supervisor and shall be included with the employee's annual performance appraisal documentation when forwarded to the Administrator.</p>	

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Employees shall direct questions and concerns to their immediate supervisor before consultation with other employees. The immediate supervisor shall consult with his or her supervisor to discuss the issue and the process shall continue until an answer to the question or concern can be achieved.

Supervisors shall address employee issues directly. Supervisors are expected to be experts in their own field and should be able to relay the technical skills necessary to supervisees. Supervisors must be able to teach supervisees time management, organizational, conflict management, and communication skills for working with residents and as a member of a team. Supervisors shall demonstrate an ability to cultivate individual abilities and motivate and empower supervisees. Supervisors may be asked to take part in employment interviews and training new employees. In this capacity, they must demonstrate skills in assessing strengths of applicants, knowledge of legal, lawful, and ethical requirements for employees, and determining applicants' ability to work effectively with residents of diverse cultures. Supervisors shall discuss what will require supervisory approval with the employee.

Generally, all supervisory and managerial personnel shall have a degree in a field related to that of the individuals for supervisees. In some cases, a supervisor may have the same degree as those he or she supervises and instead have experience and seniority. There are several points of general philosophy for leadership at MHCO including:

- assuming that all employees want to do a good job,
- leadership is synonymous with encouragement,
- good leaders motivate and encourage employees to do a good job,
- good leaders do not do the job for supervisees but provide them with the tools to do the job themselves.

All supervisors are expected to be skilled in:

- assuming professional responsibility for work completed by supervisees,
- assuming professional responsibility for delegating tasks and for ensuring that the tasks have been completed in a professional manner and up to standards,
- assisting with in-service training,
- providing on-call services,
- being able to articulate the Mission, Vision, and Philosophy to guests and stakeholders,
- completing performance appraisals,
- holding supervisory meetings and documenting these meetings through taking of notes or minutes,
- assessing the needs of residents and employees,
- assuming all counseling and coaching responsibilities associated with the job, and
- assuming the role of the next highest-level supervisor or leader in the administrative organization by training, experience, and education.

Supervisors of direct care personnel shall not supervise more than eight (8) individuals or four (4) CCW couples. Supervisors who provide direct care services in addition to supervisory tasks shall take measures to ensure capability of doing both tasks in accordance with standards for quality and best practices. Supervisors of CCWs or other direct care service providers must be able to demonstrate skills and performance in tracking and monitoring progress notes, appropriate interventions, family progress, and development and review of [Individualized Service Plans](#). Further, they must demonstrate competence in application of skills, making referrals; providing case consultation, providing supervision, and instruction and follow through of authorized interventions for use with residents.

Some professions and certification bodies may require professional supervision from an external consultant. Whenever possible MHCO will assist with the costs under the following conditions:

- that the employee is required to have the supervision by his or her license,

- that the employee pays first and is later reimbursed,
- that the supervision cannot be provided in-house,
- that the individual receiving the service provide documentation that the service is provided,
- that the provider is certified and authorized by the professional governing body, and
- that the employee signs an agreement to remain in our employ for a specified period of time following receipt of the service.

<b>Procedure Name:</b>	Vehicle Use Procedure
<b>Applies to:</b>	Employees and Stakeholders
<b>Procedure Location:</b>	<a href="#">Y:/Forms/Policies and Procedures/Procedures/Vehicle Use Procedure.pdf</a>
<b>Effective Date:</b>	2/2/2009
<b>Date(s) of Revision:</b>	5/12/2017; 8/10/2018; 5/10/2019; 5/8/2020; 8/12/2022; 11/10/2023
<b>References:</b>	<a href="#">COA Administration and Management Standards (ASE 4.02)</a> <a href="#">10A NCAC 70I .0918</a> <a href="#">NCGS 20-137.1</a> <a href="#">NCGS Chapter 20</a> <a href="#">NCGS Chapter 131D Article 1A</a> <a href="#">Background Checks Policy</a> <a href="#">Direct Care Daily Living</a> <a href="#">ILP Daily Living</a> <a href="#">Liability Release and Waiver Form</a> <a href="#">Adult Supervisor of Practice Form</a>
<p>MHCO provides vehicles for use by employees conducting official MHCO business. These vehicles should be used for the transaction of all MHCO business. MHCO vehicles may not be used for conducting personal business without the prior approval of the Administrator. Employees authorized to use vehicles for personal business must reimburse MHCO at the current rate of reimbursement. Employees authorized to use MHCO vehicles as terms of their employment offer are exempt from this requirement. The Chief Financial Officer or the Administrator shall authorize reimbursement for use of personal vehicles used for MHCO business if a vehicle is unavailable upon prior authorization from the immediate supervisor. The rate of reimbursement shall be the current rate established by the Chief Financial Officer based on the IRS published Annual Reimbursement Rate.</p> <p>All employees shall maintain a valid driver's license. Personnel who are new residents to NC must get a NC Driver's License and register their vehicles with the NC Division of Motor Vehicles within sixty (60) days of establishing a permanent residence, The HR Specialist shall review driver licenses records annually per the <a href="#">Background Checks Policy</a>. Additionally, all drivers shall provide certification of personal automobile insurance with liability coverage amounts equal to or greater than \$100,000 bodily injury for each person and \$300,000 for each accident prior to transporting any resident in his or her personal vehicle. The HR Specialist shall review personnel insurance policies biennially. Employees should avoid transporting residents in personal vehicles unless an MHCO vehicle is unavailable and there are no other alternatives. Off duty employees may not transport residents in a personal vehicle, unless in an emergency situation or otherwise authorized by the Administrator.</p> <p>Collision, liability, and property damage insurance shall be provided by MHCO for all vehicles owned by MHCO. Insurance documents and vehicle identification certificates shall always be kept in each vehicle. The Maintenance Director shall ensure all MHCO vehicles have current inspections and registrations and are safe to operate.</p> <p>Family members of residents, approved visitors, and volunteers may be transported by employees in MHCO vehicles after a <a href="#">Liability Release and Waiver Form</a> is completed by the passenger and his or her legal custodian if a minor. The supervisor shall ensure the <a href="#">Release of Liability Form</a> is updated annually. Family members of employees or residents and other guests shall not be permitted to drive MHCO vehicles without written permission from the Administrator.</p>	

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Citations issued for improper use of a vehicle or for failure to obey regulations shall be paid for by the individual driver and are not the responsibility of MHCO. Employees with knowledge of vehicles being operated in an unsafe manner or abusing driving privileges shall notify the Administrator immediately. Citations for unsafe operation of a vehicle while transporting residents shall be grounds for termination from employment.

Convictions arising out of a charge for Driving While Impaired, either occurring on or off duty, shall be grounds for immediate termination per the [Background Checks Policy](#). If a current employee, volunteer, or intern is arrested or under investigation for Driving While Impaired charges, he or she shall inform the Administrator or Board of Directors immediately. The Administrator or Board of Directors may place the individual on a suspension of duty with or without pay until resolution of the case. Driving privileges for MHCO vehicles or responsibilities of transportation shall be revoked until resolution of the case. Confirmation of mental health or substance abuse treatment completion may be requested for certain charges. If the individual is found guilty, he or she shall be terminated from employment. If the individual is found not guilty, he or she may be able to return to duty upon approval of the Administrator in consultation with the Policy and Personnel Committee of the Board of Directors. If a current employee, volunteer, or intern is found to have a new criminal conviction, arrest, or investigation upon regularly scheduled or random background check that was not previously disclosed, he or she shall be terminated from employment.

#### ACCIDENTS

Any resident or employee involved in an accident involving a MHCO vehicle, while transporting a resident, or while conducting MHCO business in a personal vehicle shall be responsible for notifying law enforcement officers immediately and obtaining a copy of the investigating officer's report. The driver shall provide information to law enforcement, exchange insurance information, and not admit to guilt or wrongdoing. Any accident occurring while transporting residents in personal vehicles may be covered, at least partially, by the individual's insurance policy. Employees or residents shall not leave the scene of the accident until an authorized law enforcement officer arrives and dismisses the parties.

Employees and residents who have been involved in an accident and are injured shall go to the hospital, urgent care, or doctor's office as soon as dismissed from the accident scene to be medically screened, treated, and cleared. If there are no injuries that require medical attention, employees involved in an accident shall consult with the supervisor concerning the need for medical clearance. Employees involved in an accident while driving a MHCO vehicle or while transporting residents shall submit a drug and alcohol screening immediately following the accident. Employees involved in an accident shall take pictures (either digital or on the disposable camera located in the glove compartment) and video if possible. Employees should take notes about who they spoke to with contact information and what was said. Upon return to the campus, or as soon after the accident as possible, the driver shall complete a [PQI Incident Report Form](#) documenting such information as other vehicles involved, injuries, insurance information, citations issued, disposition, whereabouts of MHCO vehicle(s), towing bills or receipts, and extent of damages with dollar amounts per the [Non-Critical Incidents Procedure](#). Pictures from the disposable camera shall be taken to a photo lab and attached to the report when processed. Copies of all reports shall be given to the Administrator, Chief Financial Officer, and Program Director promptly.

Car seats and booster seats in vehicles involved in moderate to severe accidents (even if the car seat was not in use at the time of the accident) must be disposed of and replaced per the manufacturer's instructions. For an accident to be considered minor (does not need to replace the car seat) all of the following criteria must be met:

- The vehicle was able to be driven away from the crash site. If the vehicle needed to be towed from the scene of the accident, the car seat should be replaced.
- The vehicle door closest to the car seat was not damaged. If the vehicle has a third row of seats and the car seat was installed there, the closest door is in the second row, or a back door.
- No one in the vehicle was injured in any way.

- None of the airbags in the vehicle deployed. This includes front airbags, side curtain airbags, seat belt airbags, seat side airbags, and knee bolster airbags.
- There is no visible damage to the car seat. There are no cracks, creases, stretched webbing, broken top tether stitching, stress marks, or broken pieces.

#### **DRIVER SAFETY**

All vehicle operators shall abide with all state and local laws, regulations, and speed limits ([NCGS Chapter 20](#)). MHCO drivers shall ensure that:

- residents do not ride on the outside of vehicles.
- vehicles deemed to be unsafe are not operated.
- engines are shut off before filling with fuel.
- no smoking occurs in MHCO vehicles at any time.
- vehicles are not left idling without the driver in the seat, including warming up the vehicle.
- cell phones are not used while driving. parking structures are avoided if possible.
- a pre-trip walk around visual inspection of the vehicle is completed after loading residents.
- the vehicle is turned off when loading or unloading residents.

Alcohol use, drug use, or driving while impaired is prohibited. Driving while using prescription, over the counter, herbal, or combinations of medications that cause reactions of sleepiness, blurred vision, dizziness, slowed movement, fainting, inability to focus or pay attention, or would otherwise affect the ability to drive safely is prohibited. Driving while using prescription, over the counter, herbal, or combinations of medications with a warning label or instructions that indicate caution when operating a car or dangerous machinery is prohibited. Personnel shall not operate vehicles when too tired or otherwise impaired.

MHCO drivers shall ensure that age appropriate seat restraints are in use at all times the vehicle is in operation for all passengers ([NCGS 20-137.1](#)), including driving on campus:

- Car seats shall remain rear facing until at least age two (2) and until they reach the highest weight and height allowed by their seat (typically forty (40) pounds). Once they are forward facing, children shall remain in car seats with a harness until they reach the height and weight limits for their seats (typically sixty five (65) pounds or more).
- For children in car seats, the top of the child's ears should be below the top of the car seat and the top tether strap should be hooked to a designated tether anchor and pulled snug to remove slack.
- Belt-positioning booster seats with lap and shoulder combination seat belts can be used for children that have exceeded the height and weight limits for forward facing car seats, have reached four (4) feet nine (9) inches in height, and are eight (8) to twelve (12) years old. A resident must remain in a booster seat until the seat belt fits properly and these specifications have been met.
- A properly fitted seat belt may be used for children or adults over the age of eight (8) or over eighty (80) pounds and exceed four (4) feet nine (9) inches in height. Properly fitted lap belts fit low and snug across the hips and should touch the upper thighs. Properly fitted shoulder belts must fit correctly across the collar bone and chest.
- Child restraints must be used correctly according to the manufacturer's instructions and meet federal standards for use in a motor vehicle. Child restraints should not be used if they have missing labels, are expired, have missing or broken parts, or have been involved in a severe crash.
- Child restraints should be checked by the fire department biannually. Car seats and booster seats should be checked by another employee other than the employee installing the car seat or booster seat for new residents, when changing car seats due to growth or expiration, when changing the car seat to another vehicle, and at other regular intervals. All children age thirteen (13) and under must ride in rear seat restraints appropriate for their age and size as above.

### CAMPUS DRIVING AND PARKING

The speed limit is posted and should not exceed fifteen (15) mph on the main part of upper campus or ten (10) mph in all other areas of campus. All drivers should be observant of walkers, bike riders, and other campus activities. Guest activity participants (e.g. VGCC Culinary, ~~Zumba, Yoga~~, Karate, etc.) shall enter and exit behind the School of Graphic Arts. Vehicles shall be parked in designated parking spots only, not on campus roads. Driving or parking on the grass is prohibited except for maintenance. Cobb Center staff shall park in the area between SJAB and Cobb Center. SJAB staff shall park in the area near the American flag. Individuals parking on lower campus shall park along the drive closest to the freezer building if parking is not available at the cottage. Vehicles may be temporarily parked in front of buildings for deliveries, loading, and unloading. Guests may continue to park on campus roads. Pedestrians, bicyclists, and others using campus roads are requested to use sidewalks, cross walks, and look both ways before crossing the street.

### GASOLINE

Before operating a vehicle, the driver should check with the Program Director or the Chief Financial Officer to arrange for a gasoline credit card. Gasoline, oil, and lubricants for MHCO vehicles may be charged to authorized gasoline credit cards at Speedway on Linden Avenue in Oxford or at participating Hess operations throughout the state. Use of gasoline credit cards requires entering the odometer reading of the vehicle and the operator identification code before a charge will be accepted. The driver shall turn in a receipt, which lists the cottage or department, to the Chief Financial Officer upon return. Gasoline may not be charged to MHCO for personal vehicles at any time unless authorized by the Administrator or Chief Financial Officer. Drivers shall ensure that vehicle fuel is kept above the half tank level when returning to campus. In the event of a potential gas shortage, gasoline tanks shall be filled when gas is available and travel shall be limited to essential trips only.

### MAINTENANCE

Drivers shall maintain MHCO vehicles to include:

- safety of the vehicle and engine maintenance has occurred,
- vacuum and wash the vehicle they drive at least once per month,
- an annual inspection, and
- a stocked first aid kit is available for immediate use.

Drivers shall complete a travel log for each trip in an MHCO vehicle and submit the logs to the supervisor monthly. The supervisor shall check the logs to ensure trips are appropriate and resources are used wisely. The supervisor shall give the logs to the ~~Chief Financial Officer~~[PQI Coordinator](#) for review, ~~with the PQI Subcommittee~~.

Drivers shall email a Maintenance Request Form to the Maintenance Director for maintenance needs (i.e. regular service, oil change and tire rotation every five thousand (5,000) miles) on MHCO vehicles. ~~The driver shall turn in receipts for maintenance and service to the supervisor with mileage and date clearly noted as soon as the service or repairs have been made.~~ The ~~supervisor~~[Maintenance Director](#) shall turn in the receipts to the Chief Financial Officer.

Drivers shall report problems that could affect passenger or driver safety or could lead to further major expenses in repair if not expediently corrected to the Maintenance Director immediately. The vehicle shall not be used until necessary repairs have been made. If a vehicle incurs a major maintenance problem while on the road away from the MHCO campus, the driver shall contact the supervisor to discuss attempts to correct the problem or projected expense. The driver shall give receipts related to the repair to the supervisor immediately upon return to campus.



The Maintenance Director shall maintain a log of all current vehicle registrations and annual inspection dates for monthly review. Cottage supervisors shall provide a monthly review and inspection of MHCO cottage vehicles to ascertain the general state of maintenance and safety of the vehicles and any specific corrective measures that need to be met. The Maintenance Director shall provide a review and inspection of all other MHCO vehicles as needed. The Maintenance Director shall keep a separate vehicular log of outstanding maintenance and safety violations noted.

After the trip, employees should inspect the vehicle for maintenance issues and items left. Employees should dispose of trash and sanitize the door handles and steering wheel. Employees should wash their hands, ensure residents wash their hands, and sanitize door handles when returning to a cottage or campus building.

#### **RESIDENT TRANSPORT**

CCWs shall act as the primary providers of all Direct Care resident transportation needs. CCWs shall ensure that current Release for Medical Treatment, medical insurance information, and medical history accompany each Direct Care resident transported. Emergency medical information for each resident shall be kept in lock boxes in the vehicles that transport the resident. The assigned supervisor shall update the emergency medical information on the 15<sup>th</sup> of each month. If the resident medical information changes before updates occur in the lockboxes, CCWs shall transport resident white books in the lock boxes whenever the resident is being transported. Employees shall limit van use when not transporting residents.

Direct Care residents shall have at least one (1) thirty (30) minute rest stop for every four (4) hours of continuous travel and may not be transported for more than ten (10) hours in any twenty-four (24) hour period.

One-on-one transport is not preferred. Supervisors shall require grouping Direct Care residents from several cottages for transportation purposes whenever possible. Resident Advisors shall require grouping of ILP residents whenever possible. When one-on-one transportation is absolutely necessary, the employee should:

- note and communicate this situation to another CCW, Resident Advisor, or supervisor.
- record the time of departure and return.
- be the same gender as the rider if possible.
- note the specific reason for discrepancies in expected arrival times (e.g. traffic, weather conditions, unexpected restroom break, etc.). Pull over and call another CCW, Resident Advisor, or supervisor to inform them of the delay, their location, when they begin travelling again, and revised time of arrival. The supervisor shall document the information in [Extended ReachKaleidacare](#) upon return.

Direct Care residents shall not ride in vehicles with anyone other than MHCO employees or a licensed adult legal custodian or family member on the approved contact list without written permission of the parent or legal custodian.

Whenever residents who need accommodations are transported, drivers shall ensure that the vehicle is equipped with the appropriate adaptive equipment.

When residents will be transported by legal guardians or individuals on their visitation list, CCWs shall ensure appropriate and adequate child restraints for all children in the vehicle, the vehicle looks to be in safe condition, and the driver is not visibly impaired. Car seats and booster seats may be loaned to resident families in need of safe child restraint. CCWs shall ensure the seats are properly installed and all residents are safely restrained in the car before leaving campus. Transportation for residents may be provided for home visits if needed. CCWs shall collect the loaned child restraint upon return and keep it in the cottage. The CCW shall call the supervisor if there is an unresolved question about safety or driver impairment in resident transport.

#### **RESIDENT DRIVING**

Residents may have driving privileges and vehicles on campus (if over the age of eighteen (18)) per expectations outlined in [Direct Care Daily Living](#) or [ILP Daily Living](#). Residents may not transport other residents unless prior approval has been given by the Program Director.

Resident use of All-Terrain Vehicles shall be prohibited. Resident use of motorized vehicles such as go-carts, motorbikes, and mini-bikes is generally prohibited. In limited circumstances upon legal custodian permission or documented permission from the supervisor for specialized and supervised activities, the following conditions exist per [Reasonable and Prudent Parenting Standards](#):

- Jet ski – must be fifteen (15) years or older and maintain a boating safety certification.
- Motor Scooter or Moped – must be sixteen (16) years or older. MHCO recommends operator has a valid NC driver’s license.
- Go carts, utility vehicle, or lawn mower – must be twelve (12) years or older
- Motorcycle – must be sixteen (16) years or older and have a valid NC driver’s license or permit for motorcycles.

#### **DRIVING INSTRUCTION PREPARATION PROGRAM**

Residents may have instructional driving privileges for MHCO vehicles while under supervision from an approved employee if they hold a valid NC driver’s license or permit, demonstrate maturity and responsibility, and receive approval from administration. Driving practice shall be in compliance with current NC driving rules and regulations. Administration shall designate the vehicle used for practice.

Direct Care residents may participate in instructional driving the Driving Instruction Preparation Program vehicle if they are at least fifteen (15) years old, completed an approved driver’s education course at school, and are approved by the Program Clinical Coordinator and Program Director to practice driving with the [assigned staff member Vocational Counselor](#). Direct Care residents under the age of eighteen (18) shall obtain permission from their parent or legal custodian of driving supervision by the [assigned staff member Vocational Counselor](#) on the [Adult Supervisor of Practice Form](#). The [assigned staff member Vocational Counselor](#) shall be licensed for at least five (5) years and must be seated next to the resident when supervising driving. The resident shall arrange for driving times to be scheduled in advance with the [assigned staff member Vocational Counselor](#). The resident and [assigned staff member Vocational Counselor](#) shall comply with the [NC Department of Transportation](#) requirements and restrictions of graduated licensing of a [Limited Learner Permit](#). Residents shall not drive the Driving Instruction Preparation Program vehicle unsupervised. If a resident driving an MHCO vehicle is involved in an accident, the [assigned staff member Vocational Counselor](#) shall ensure the procedure above is followed in addition to contacting the resident’s supervisor. The supervisor shall notify the resident’s legal custodian if under the age of eighteen (18).

The MHCO Driving Instruction Preparation Program consists of both classroom and behind the wheel instruction designed to provide driver’s education to young adult residents over the age of eighteen (18). The [assigned staff member Vocational Counselor](#) shall provide individual or small group instruction consisting of a minimum of three (3) hours in the classroom to be utilized to provide coursework related to obtaining a learner’s permit or driver’s license. Assignments for the classroom portion include reading from the [NC Driver’s Handbook](#), interactive practice tests, and video, written, and online resources. Upon receiving a learner’s permit, residents will be eligible to enter the practice driving phase of at least six (6) hours behind the wheel instruction with the [assigned staff member Vocational Counselor](#) before attempting to acquire a driver’s license.

#### **Authorizing Signatures**

Administrator \_\_\_\_\_ Date \_\_\_\_\_

HR Specialist \_\_\_\_\_ Date \_\_\_\_\_